

Session 2: Friday, November 6 Atlanta Ballroom

Poster Organization

Each poster is scheduled for Poster Session 1 on Thursday, Poster Session 2 on Friday or Poster Session 3 on Saturday and includes a one-hour time period when the presenting author is available to answer questions.

Posters are organized within the Final Program by poster number within each day. The presenting author is underlined. In addition, the index provided at the rear of the Final Program includes all of the authors. A floor map showing the layout of posters is available in the poster hall and on page 174.

Session 2: Friday, November 6

Atlanta Ballroom, 7th Floor

Poster Set-up: 7:30 a.m. – 9:30 a.m.
Poster Display: 9:30 a.m. – 6:00 p.m.
Poster Presentation: 5:00 p.m. – 6:00 p.m.
Poster Dismantle: 6:00 p.m.

Poster Dismantle

Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time **will be disposed of** and are not the responsibility of ISTSS.

Poster Presentations – Session 2 Friday, November 6 5:00 p.m. – 6:00 p.m.

Ethnic Differences in Trauma and PTSD Among Acutely Injured Trauma Survivors

(Abstract # 394)

Poster # F-102 [Cul Div, Assess Dx]

Atlanta Ballroom

Stephens, Kari, PhD¹; Sue, Stan, PhD²; Roy-Byrne, Peter, MD¹; Unutzer, Jurgen, MD, MA, MPH²; Zatzick, Douglas, MD²

¹University of Washington, Seattle, Washington, USA

²University of California Davis, Davis, California, USA

Ethnic minority populations are at increased risk for PTSD. Often cumulative burden of previous trauma, lack of mental health treatment, and other pre-injury and event related contextual factors increase the risk of acute PTSD. This study used a population-based sampling frame to examine the relationship between pre-injury and event characteristics and ethnic variations in acute PTSD symptoms. Acutely injured level I trauma center inpatient participants (N=62³: 378 White, 93 African American, 81 Native American, and 71 Other) were screened for PTSD with the PTSD checklist. Pre-trauma, and event related characteristics were documented. As predicted, Native American (NA) and African American (AA) patients reported the highest levels of acute PTSD symptoms. AAs had the highest intentional/violence related injury rate and lowest insured status and NAs reported the highest cumulative trauma burden compared to all other groups. Regression analyses demonstrated that greater cumulative trauma burden, pre-injury PTSD and intentional injury were strongly associated with the development of PTSD and explained ethnic variations in PTSD symptoms. Incidence disparities in trauma history, prior and acute PTSD, as well event related contextual factors, emphasize the need for acute care services to incorporate culturally competent approaches for treating these vulnerable and diverse populations.

Reliability and Concurrent Validity of Three Self-Report Measures of Trauma Exposure

(Abstract # 404)

Poster # F-103 [Assess Dx, Res Meth]

Atlanta Ballroom

Carter, Benjamin, MS; Weathers, Frank, PhD; Pruneau, Genevieve, MS; Mason, Elizabeth, MS; Reid, Lindsey, BA

Auburn University, Auburn, Alabama, USA

The assessment of trauma exposure has been a relatively neglected focus of research. Many self-report measures of trauma exposure were developed on an adhoc basis and lack sufficient psychometric evaluation (Weathers & Keane, 2007). To address this gap, the test-retest reliability and concurrent validity of three widely used trauma measures were examined. Undergraduates (N = 91) were administered either the Life Events Checklist (LECI), Posttraumatic Stress Diagnostic Scale (PDS), or Detailed Assessment of Posttraumatic Stress (DAPS) twice, 2 to 14 days apart. Following the second administration, participants were administered the Life Events Checklist Interview (LEC-I), which served as the criterion. The PDS demonstrated the highest temporal stability for individual items as only one item failed to achieve a kappa of .60. The mean kappa for all PDS items was

.76, and the retest correlation for total number of items endorsed was $r = 0.67$. Regarding accuracy of assessment, the DAPS best predicted the total number of potentially traumatic events identified on the interview, $r = 0.623$, $p < .001$. Implications for self-report assessment of trauma exposure will be discussed.

Role of Emotion Dysregulation in the Adolescent Revictimization of Child Sexual Abuse Survivors

(Abstract # 409)

Poster # F-105 (Child, Clin Res)

Atlanta Ballroom

Niehaus, Ashley, PhD¹; Jackson, Joan, PhD²

¹Boston VA Healthcare System, Boston, Massachusetts, USA

²University of Georgia, Athens, Georgia, USA

The present study explored the role of emotion dysregulation in the adolescent sexual revictimization of CSA survivors. It was hypothesized that CSA survivors would have difficulties with emotional acceptance, awareness, identification, and description, and these skills deficits would drive specific behavioral paths to ASA, including risky sexual behavior and difficulties with risk recognition and initiation of self-protective behaviors in response to risk. Participants were 509 college women (95 CSA survivors and 414 nonvictims). A path model analyzing the data from the CSA survivors was examined to test hypotheses regarding mediating effects. The model had overall good fit with the observed data. Emotion dysregulation was a strong direct predictor of each behavioral risk factor and indirect predictor of ASA. Passive response to risk accounted for much of this mediated effect. Both risky sexual behavior and passive response to risk were direct predictors of ASA. This model was compared to an identical model analyzing the data of the nonvictim participants. The findings suggest emotion regulation processes play an important role in driving maladaptive behavioral patterns among CSA survivors. It appears that deficits with general emotion competencies may interfere with self-protective responses in potentially assaultive situations, leading to increased risk of ASA.

A Hypervigilance Questionnaire: Psychometric Findings and Group Differences

(Abstract # 411)

Poster # F-106 (Assess Dx, Res Meth)

Atlanta Ballroom

Kimble, Matthew, PhD¹; Bennion, Kelly, BA¹; Fleming, Kevin, PhD¹; Carole L. Bandy, PhD²

¹Middlebury College, Middlebury, Vermont, USA

²Norwich University, Northfield, Vermont, USA

Hypervigilance and attentional bias towards threatening stimuli is a prominent feature in individuals with PTSD. To date, however, there has been no self-report instrument developed to measure hypervigilance in individuals with trauma histories. In this study, 106 individuals with varying trauma histories filled out the Hypervigilance Questionnaire (HVQ). The HVQ is a 16 item self-report instrument that uses a 5 point Likert scale. The scale measures behaviors and cognitions that would be consistent with hypervigilance, such as "feeling on guard," "scanning for threat," and "attention to slight noises." Factor analysis indicated that the items loaded primarily on one factor, indicating that the measure assessed a unitary construct. The measure correlated

positively and significantly with the Posttraumatic Stress Scale (PSS: Foa et al., 1993) and had a Cronbach's alpha of .92 and a split-half reliability measure (odd-even) of .89. A 2 (Group: PTSD, no PTSD) x 3 (Trauma Type: Combat, MVA, Other) ANOVA revealed a main effect for "Group", with PTSD participants reporting more hypervigilance than those without PTSD [$F(1,88)=14.2$, $p<.01$].

"Trauma type" was not significant nor did it interact with "Group". This finding indicates that pathology, and not experiences like military training and deployment, predict hypervigilance post trauma.

Pre-Military Depression, Suicidal Ideation and Plan/Attempt Among Marine Recruits

(Abstract # 413)

Poster # F-108 (Mil Emer, Soc Ethic)

Atlanta Ballroom

Gradus, Jaimie, MPH¹; Shipherd, Jillian, PhD²; Abramovitz, Sarah, BA²

¹Boston VA MedicalCenter/National Center for PTSD, Boston, Massachusetts, USA

²National Center for PTSD, Boston, Massachusetts, USA

Prevalence estimates for depression, suicidal ideation, plans, and attempts differ by sex in the general population, with women more likely to endorse these experiences. But, the sex-specific prevalence of these characteristics has yet to be studied in people who enlist in the military. We explored these constructs among 1,847 Marine recruits arriving for training at Parris Island. Our study included roughly half the men, and the entire population of women who began Marine training between May-August 1997. The prevalence of depression was significantly higher in women (36%) compared to men (27.1%) and higher than what is reported in the general population with estimates of 21.3% and 12.7%, respectively. For men, the prevalence estimates of lifetime suicidal ideation and plans/attempts were 29.9% and 11.2%, respectively. Estimates were non-significantly higher among female Marine recruits, with lifetime suicidal ideation at 30.9%, and plans/attempts at 13.9%. For both sexes, suicidal ideation and plans/attempts were also elevated compared with what is seen in the general population (13.5%, 3.9%, and 4.6%, respectively). Thus, we found an increased prevalence of depression, suicidal ideation and plans/attempts among those who enlist in Marine training compared to the general population.

The Functional Relationship Between PTSD Symptom Clusters Across Time Following a Campus Shooting

(Abstract # 415)

Poster # F-110 (Clin Res, Disaster)

Atlanta Ballroom

Stephenson, Katherine, MA; Valentiner, David, PhD; Orcutt, Holly, PhD; Kumpula, Mandy, MA

Northern Illinois University, DeKalb, Illinois, USA

Despite developments in our understanding of the factor structure of PTSD symptoms, less is understood about the structural relationship among the symptom clusters. Some theorists have suggested that numbing symptoms are the core feature of PTSD and therefore predict subsequent changes in other symptom clusters. However, there is empirical evidence that hyperarousal plays a prominent role in the prediction of future PTSD symptom severity. For example, one prior study examined the functional relationship between the symptoms

clusters across three time points and found that the hyperarousal symptom cluster was the best predictor of changes in severity of other symptom clusters. The current study sought to replicate those prior findings. Data were collected as part of a long-term study following the NIU campus shooting on February 14, 2008. A cross-lagged panel analysis using two post-shooting time points found that emotional numbing symptom severity predicted changes in the severity of other symptom clusters. Time 3 data is currently being collected and will be incorporated into the analyses.

Perceived Stigma Related to Seeking Mental Health Treatment and Reporting Rape in the Military

(Abstract # 416)

Poster # F-111 (Mil Emer, Res Meth) Atlanta Ballroom

Cretzmeyer, Margaret, PhD²; Mengeling, Michelle, PhD²; Booth, Brenda, PhD¹; Torner, James, PhD⁴; Reisinger, Heather, PhD²; Sadler, Anne, PhD³

¹University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA

²CRIISP VAMC, Iowa City, Iowa, USA

This study used qualitative methods to explore how perceptions of stigma related to rape/sexual harassment reporting parallel perceptions of the stigma surrounding seeking mental health care in the military. Eight focus groups were held with OEF/OIF era Reserve/National Guard service women in four Midwestern states. Groups were stratified by Officer/Enlisted personnel and deployment status. Transcripts were independently coded by two researchers and entered into NVivo 8.0 for analysis. Officers and Enlisted women identified numerous perceptions of negative consequences related to both rape/sexual harassment reporting, and seeking mental health care. Analyses demonstrated robust similarities between perceptions surrounding both issues. These similarities identify reasons for service women's reluctance to address these problems in the available venues. Fear of negative career consequences as well as censure by peers and lack of confidentiality were common themes. Stigma associated with addressing both issues created barriers to needed support. Rape/sexual harassment reporting and the need for mental health care are perceived as detrimental for advancement in military careers. The reluctance to address both issues creates an unhealthy environment for service women and ultimately contributes to future mental and physical health problems for this veteran population.

Tonic Immobility Among College Female Sexual Assault Survivors: Perceived Threat and Alcohol Use

(Abstract # 417)

Poster # F-112 (Clin Res, Practice) Atlanta Ballroom

Rees, Michiko, BS; Kayser, Debra, PhD; Lewis, Melissa, PhD; Lee, Christine, PhD; Desai, Sruti, BA

University of Washington, Seattle, Washington, USA

Tonic immobility (TI) or a "freeze" response is thought to be an involuntary response to inescapable trauma. TI is conceptualized to involve two conditions: physical restraint and fear, both of which appear necessary to induce TI responses. Tonic immobility is reported by approximately 40% of women with histories of

child sexual abuse or adult sexual assault, and is associated with higher psychological distress and poorer treatment outcomes. In college women, alcohol use has been associated with a risk of sexual victimization. In addition, alcohol has been found to attenuate perceived threat during traumatic events. However, no studies to date have examined the possible impact of alcohol use on TI. The present study examined both peritraumatic alcohol use and subjective assessment of risk as predictors of TI among college women with a history of sexual assault ($n = 247$). Preliminary analyses indicate that perceived threat during the traumatic event was associated with greater TI. There was a trend for alcohol use during the trauma to be associated with higher levels of TI ($p = .051$); however there was no significant relationship between alcohol use and perceived threat. Clinical and research implications will be discussed.

Trauma History and Symptoms in HIV+ Youth and Their Caregivers: Unmet Needs

(Abstract # 422)

Poster # F-113 (Child, Practice) Atlanta Ballroom

Robbins-Broth, Michelle, Psychologist, PhD¹; Woods, Amanda, MA²; Snead, Kara²; Henderson, Sheryl, MD, PhD¹

¹Emory University School of Medicine/Grady Health System, Atlanta, Georgia, USA

²Georgia State University, Atlanta, Georgia, USA

More traumas and PTSD diagnoses have been found in HIV+ adults as compared to the general population, although little is known about the traumatic experiences of HIV+ youth. Even less attention has been given to the role of intergenerational trauma and loss in youth with HIV, especially those perinatally-infected. This study assessed the nature and presentation of traumatic experiences and symptoms of 75 HIV+ youth (ages 12-23) and their caregivers. Participants are recruited from a large Southeastern HIV medical clinic, serving predominantly low-income, African American youth and families. Preliminary data from 32 participants reveal that 81% of youth were exposed to at least one potentially traumatic incident, with an average of multiple incidents ($M = 6.0$, $SD = 3.2$, range = 1-13). A comparable 81% of caregivers reported experiencing a potentially traumatic event ($M = 2.8$, $SD = 2.4$, range = 1-7). Youth and caregiver exposures to trauma were significantly correlated ($r = .54$, $p < .01$). The number of potential traumas and history of loss each did not differ significantly between perinatally- and behaviorally-infected youth. Findings will be discussed for their clinical implications, highlighting the need to assess intergenerational trauma and loss in all families living with HIV.

Implications of Word Use in Trauma Narratives

(Abstract # 429)

Poster # F-114 (Clin Res, Practice)

Atlanta Ballroom

Mitchell, Courtney, MA, LPC; DePrince, Anne, PhD; McIntosh, Daniel, PhD

University of Denver, Denver, Colorado, USA

Drawing on theoretical and empirical models of the psychological processes underlying different forms of posttraumatic distress, the current study examined the words people used in describing traumatic events during an interview. Semi-structured interviews were conducted with 73 ethnically diverse adults exposed to a variety of traumatic events (e.g., sexual assault, natural disasters) recruited through community and social services agencies. Self-report questionnaires for PTSD, depression, and dissociation were also administered. Interviews were analyzed using the Linguistic Inquiry and Word Count (Pennebaker et al., 2007) software. We tested predictions about the links between word use and symptoms, social support, and relationship disruption. For example, past verb tense usage was negatively related to symptoms that involve avoidance. Drawing on theories about the function of symptoms, we demonstrated that different aspects of the narrative uniquely predicted some symptoms (e.g., dissociation) and not others (e.g., PTSD). Because these interviews functioned much like a first session in therapy and predicted symptom severity and type, analysis of personal narratives may be a useful clinical aid for identifying variables of interest early in therapy. Implications of these findings for therapies that rely on narratives (e.g., cognitive processing therapy) will be discussed.

Distinct Implications of Child Abuse and Gender on Antisocial and Borderline Personality Pathology

(Abstract # 436)

Poster # F-115 (Assess Dx, Cul Div)

Atlanta Ballroom

Thomas, Kate¹; Ressler, Kerry, MD, PhD¹; Bradley, Bekh, PhD¹; Powers, Abigail, PhD²

¹Emory University, Atlanta, Georgia, USA

²Washington University, Saint Louis, Missouri, USA

Despite much discussion, there is little research on the relationship between PTSD and the behavioral expressions of Antisocial and Borderline Personality Disorders (APD and BPD). Some research suggests that PTSD symptoms may be misdiagnosed APD and BPD. Our study examined 540 men and women from the medical clinic waiting room of an urban, public hospital. We assessed retrospective reports of childhood sexual, physical and emotional abuse and neglect using the Childhood Trauma Questionnaire (CTQ) and Early Trauma Inventory (ETI). We assessed APD and BPD with the Schedule for Nonadaptive and Adaptive Personality (SNAP) and lifetime PTSD using the Clinician-Administered PTSD Scale (CAPS). We found emotional abuse predictive of BPD ($p < .001$), while physical abuse predicted adult APD ($p < .01$). Among women we found that childhood emotional abuse and intensity of lifetime PTSD symptoms independently predicted BPD ($p < .05$). For men, both childhood physical abuse and intensity of lifetime PTSD symptoms independently predicted retrospective report of childhood APD symptoms ($p < .05$). The finding that emotional, but not sexual,

abuse predicted BPD is especially striking, indicating either a lack of attention to sequelae of emotional abuse in previous research or an important distinction in the studied population. We will present the assessment and diagnosis implications of these results.

Predicting Which Veterans With PTSD Develop Heart Disease

(Abstract # 440)

Poster # F-116 (Practice, Bio Med)

Atlanta Ballroom

Williams, Wright, PhD, ABPP¹; Thornby, Jack, PhD, ABPP¹; Kunik, Mark, MD, PhD¹; Beason Smith, Melissa, MED²

¹Michael E DeBakey VAMC, Houston, Texas, USA

²Bering Support Network, Kingwood, Texas, USA

Research suggests that combat veterans with PTSD carry a substantial risk of developing heart disease. This study presents a theoretical model of personality factors associated with the development of heart disease in veterans with PTSD. The study is drawn from a longitudinal database of 511 veterans initially hospitalized from 1984 to 1987 at the VA Medical Center in Houston and administered a battery of psychological tests. Since their original hospitalization 94 have been diagnosed with PTSD and 173 with heart disease. Odds ratio calculations indicate that veterans with PTSD were 4.32 times more likely to develop hypertension than veterans without PTSD, and there was a similar ratio for veterans with heart disease. Preliminary analysis indicated that the development of heart disease was predicted by numerous personality variables in the data set. Statistical modeling suggested that disease onset was associated with the following seven personality factors: (1) Hostility and Anger, (2) Anxiety, (3) Depression, (4) Health/Somatic Concerns, (5) Avoidance /Withdrawal from others, (6) a Lack of Ego Strength/Intellectual Efficiency, and (7) Drug/Alcohol Abuse. Other current models of the development of heart disease omit factors 5 Avoidance and 6 Lack of Ego Strength. These factors may be pertinent to veterans with PTSD.

The Differential Effects of Child Abuse and PTSD on Schizotypal Personality Disorder

(Abstract # 442)

Poster # F-117 (Assess Dx, Cul Div)

Atlanta Ballroom

Powers, Abigail P., PhD³; Thomas, Kate, PhD²; Ressler, Kerry, MD, PhD¹; Bradley, Bekh, PhD¹

¹Emory University, Atlanta, Georgia, USA

²Emory University/Grady Hospital, Atlanta, Georgia, USA

³Washington University, St. Louis, Missouri, USA

Previous findings suggest a relationship between psychological trauma and Schizotypal Personality Disorder (SZPD). Specifically, childhood maltreatment is associated with increased levels of SZPD. Some research suggests that Post-traumatic Stress Disorder (PTSD) symptomatology may act as a link between psychological trauma and SZPD. This study explored the relationship between childhood maltreatment, PTSD symptoms, and SZPD. Our study examined 541 men and women from the medical clinic waiting room of an urban, public hospital. Using the Childhood Trauma Questionnaire (CTQ) and the Early Trauma Inventory (ETI), we examined retrospective reports of childhood physical, sexual, emotional abuse and neglect. We assessed SZPD with the Schedule for Nonadaptive and Adaptive Personality

(SNAP) and PTSD using the Clinician-Administered PTSD Scale (CAPS). Using a linear regression model, we found that of the five abuse/neglect types analyzed, the only significant predictor of SZPD was emotional abuse ($p < .001$). Lifetime PTSD symptoms significantly predicted SZPD above and beyond childhood abuse ($p < .01$). These findings may elucidate the important impact that childhood maltreatment, in particular emotional abuse, has on SZPD. The development of PTSD as a result of childhood maltreatment or other psychological trauma may also place individuals at an increased risk for SZP.

Examination of the CD-RISC and Personality Characteristics

(Abstract # 444)

Poster # F-118 (Assess Dx, Practice)

Atlanta Ballroom

Robinson, Jordan, MA²; Larson, Christine, PhD²; Cahill, Shawn, PhD¹

¹University of Pennsylvania, Philadelphia, Pennsylvania, USA

²University of Wisconsin, Milwaukee, Wisconsin, USA

The measurement of the construct of resilience to trauma is an area of literature that has garnered interest for the past several decades. Specifically, many researchers have been interested in constructing a valid, reliable measure of resilience as it relates to predicting healthy outcomes to traumatic events and the absence of posttraumatic stress. A recently constructed measure of resilience (CD-RISC; Connor & Davidson, 2003) that was initially validated using a sample of PTSD diagnosed individuals has become increasingly popular. The present study examined the relationship between the CD-RISC and aspects of personality, taking into consideration that personality characteristics have long been studied as protective and risk factors for PTSD. In a large sample of college undergraduates, our study found that Positive Emotionality accounted for the largest amount of variance in CD-RISC scores. We also found a significant, although smaller inverse relationship between resilience and Negative Emotionality, which in previous literature has arguably been the best predictor of the development of posttraumatic stress following a traumatic event. These data add valuable insights into the psychometric properties of the CD-RISC, and offer important information concerning the underlying construct of the CD-RISC and what it is actually measuring.

Imagery Rescripting for the Treatment of Chronic Posttraumatic Nightmares and Negative Cognitions

(Abstract # 445)

Poster # F-119 (Clin Res, Practice)

Atlanta Ballroom

Springer, Justin, PhD²; Long, Mary, PhD²; Teng, Ellen, PhD²; Davis, Joanne, PhD¹

¹University of Tulsa, Tulsa, Oklahoma, USA

²Michael E. Debakey VA Medical Center, Houston, Texas, USA

It has been suggested that the development and maintenance of posttraumatic stress disorder (PTSD) symptoms is characterized by extreme negative appraisals. Several recent psychological treatments for PTSD have emphasized the importance of modification of these cognitive distortions in mediating distress. This study tested whether modification of posttraumatic cognitions is a mechanism of change when using a manualized cognitive-behavioral intervention employing exposure and

imagery rescripting for posttraumatic nightmares (PTNM). Change in posttraumatic cognitions from baseline through 6-month follow-up was measured using the Posttraumatic Cognitions Inventory (PTCI). Among the 19 participants, significant linear reductions in the PTCI total and Self-Blame subscale scores were observed across the assessment periods. The initial amount of change in PTCI World and Self-Blame subscale scores observed during treatment predicted the amount of distal change observed at the 6-month follow-up. Change in negative cognitions significantly correlated with PTSD symptom change. These data add needed support for implementation of cognitive-behavioral interventions including exposure and imagery rescripting as effective treatments for PTNM and related negative beliefs. Directions for future research concerning examination of mechanisms of change during and following treatment are discussed.

Risk Perception and Adolescent Sexual Assault: Impact of Victimization History

(Abstract # 448)

Poster # F-120 (Clin Res, Res Meth)

Atlanta Ballroom

Niehaus, Ashley, MS¹; Jackson, Joan, MFT (in training)²

¹University of Georgia, Athens, Georgia, USA

²California State University of Sacramento, Auburn, California, USA

Components of risk perception and sexual victimization history were examined among 509 college women. Participants were presented with five computerized vignettes, four of which described hypothetical risky situations and one which described a non-risky, control scenario. Participants indicated threat detection and hypothetical response to leave the situation significantly later or not all in the control scenario, providing support for the validity of the hypothetical vignette research paradigm. For the risky situations, multivariate models revealed that relationship with the potential perpetrator (stranger, acquaintance, old friend, or romantic partner) and prior victimization history (nonvictim, CSA only, ASA only, or CSA and ASA) impacted when threat detection and behavioral response occurred. Overall, participants reported leaving the romantic partner scenario later than the other situations. Revictimized women endorsed perceiving risk and attempting to leave the situations later than the other groups. In a set of linear regression analyses, behavioral response to risk was a stronger predictor of prior victimization in adolescence than threat identification. Results of this study demonstrate multiple components of risk perception, including risk recognition and behavioral response to threat, that may contribute to increased vulnerability for ASA.

Alienation and Posttraumatic Distress

(Abstract # 449)

Poster # F-121 (Prev El, Practice)

Atlanta Ballroom

Anarheen, Pinedda, MA

University of Denver, Denver, Colorado, USA

Research on appraisal processes in posttraumatic distress has considered several appraisals (e.g., fear, shame), though relatively little attention has been paid to alienation. Across two studies, we examined links between interpersonal violence exposure, posttraumatic appraisals, and posttraumatic symptoms (including PTSD, depression, and dissociation). The

first study examined a sample of 109 undergraduate volunteers (Mean age=20.3 years; 76% female). We found that interpersonal violence (IPV) exposure (relative to non-IPV exposure) explained unique variance in posttraumatic symptom severity scores. Of note, alienation mediated the relationship between trauma exposure and posttraumatic symptom severity. The second study examined a sample of 236 ethnically diverse female community participants (Mean age=33.3 years) who were recruited after incidents of domestic violence reported to the police. We replicated our initial findings: posttraumatic appraisals predicted post-trauma symptomatology including depression, dissociation, and PTSD symptoms. Again, alienation appraisals explained unique variance in posttrauma symptomatology when controlling for other appraisals (e.g., shame, self-blame). We will discuss the research and clinical implications of these findings.

Confronting Worldwide Prevalence of PTSD Associated With Natural Disaster and Torture

(Abstract # 456)

Poster # F-122 (Assess Dx, Disaster) **Atlanta Ballroom**

Netto, Liana²; Quarantini, Lucas, MD, PhD²; Sales, Patricia Amanda, BS³; Caldas, Mike²; Batista, Nevis, MD²; Koenen, Karestan, PhD¹

¹Harvard School of Public Health, Boston, Massachusetts, USA

²Universidade Federal da Bahia, Salvador, Bahia, Brazil

³University Hospital, Universidade Federal da Bahia, Salvador, Brazil

The prevalence of PTSD appears to vary according to the nature of the traumatic experience. Rape and combat have been associated with the highest prevalence of PTSD in men and women, while natural disasters and accidents are likely to be associated with a low rate of development of this disorder. It suggests that the intentionality of interpersonal violence may mediate the risk to develop PTSD by victims of trauma. The purpose of this study was to estimate the world wide-pooled prevalence of PTSD associated with two paradigmatic types of trauma; in one extreme, natural disaster, representing a non intentional trauma and in the other torture, as a premeditated and interpersonal violence. The authors searched MEDLINE and PsycINFO databases from January 1980 to November 2008 and reviewed textbooks and reference lists of the selected studies. Surveys were included if they reported point prevalence of PTSD for subjects 18 years of age or older according to DSM or ICD criteria. Finally, we discuss possible mediating factors associated with PTSD in both situations and try to understand possible consequences for etiological and therapeutics future studies.

Betrayal Trauma Predicts Intrusion and Avoidance Symptoms in University Undergraduates

(Abstract # 459)

Poster # F-123 (Assess Dx, Res Meth) **Atlanta Ballroom**

Goldsmith, Rachel E., PhD²; Barlow, M. Rose, PhD¹

¹Boise State University, Boise, Idaho, USA

²Portland Veterans Affairs Medical Center, Portland, Oregon, USA

Interpersonal trauma appears to be more strongly related to posttraumatic symptoms than are other forms of trauma such as accidents or disasters. Betrayal trauma, or trauma perpetrated

by caregivers or close others, is especially predictive of psychological symptoms in most of the few studies that address this distinction. However, the extent to which betrayal trauma relates to posttraumatic intrusion and avoidance symptoms has not been established. The present study examined betrayal trauma and non-betrayal trauma as predictors of intrusion and avoidance symptoms in 433 university undergraduates. Betrayal trauma significantly predicted intrusion and avoidance symptoms and total symptom scores, while non-betrayal trauma did not. The results indicate that relational contexts should be included in conceptualizations of trauma and its effects.

Metacognition and Posttraumatic Symptoms

(Abstract # 461)

Poster # F-124 (Res Meth, Practice)

Atlanta Ballroom

Goldsmith, Rachel, PhD²; Barlow, M. Rose, PhD¹

¹Boise State University, Boise, Idaho, USA

²Portland Veterans Affairs Medical Center, Portland, Oregon, USA

Posttraumatic symptoms may reflect cognitive attempts to process traumatic material and to develop coherent conceptualizations. Little is known, however, about whether posttraumatic symptoms represent conscious attempts to manage thoughts and memories, or whether such symptoms arise from more implicit mental processes. This study assessed lifetime trauma, metacognition, and conscious attempts to control thoughts as predictors of intrusion and avoidance symptoms in a sample of 433 university undergraduates. Each independent variable emerged as a significant predictor of intrusion, avoidance, and total posttraumatic symptoms. The data suggest that trauma survivors' explicit awareness of their cognitions and their thought control attempts contribute to posttraumatic symptoms, and portray an active, rather than passive, cognitive approach among trauma survivors.

Effects of PTSD on Functional MRI Adaptation

(Abstract # 463)

Poster # F-125 (Bio Med, Assess Dx)

Atlanta Ballroom

Chao, Linda, PhD; Neylan, Thomas, MD; Marmar, Charles, MD

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

We examined the effects of posttraumatic stress disorder (PTSD) on neural modulation using functional MRI (fMRI). Twenty-four male veterans (15 PTSD+, 9 PTSD-) were scanned while they viewed traumatic and neutral images from the International Affective Picture System (IAPS). We focused our initial analysis on the lateral occipital complex (LOC), a brain region important for object recognition. We compared the LOC response to repeated and novel presentations of neutral and traumatic images in PTSD+ and PTSD- subjects. Preliminary results suggest no group difference in LOC habituation to repeated traumatic images. However, there was a trend towards a positive correlation between the magnitude of LOC habituation to repeated traumatic images with the Clinician Administered PTSD Scale (CAPS) Intrusion subscore in PTSD+ subjects (i.e., more intrusive symptoms were associated with less LOC habituation to repeated traumatic images). Furthermore, the magnitude of LOC habituation to repeated traumatic images in PTSD+ subjects was negatively correlated with right amygdala activity (i.e., the less LOC habituation, the greater the right amygdala response to

traumatic images]. These preliminary results suggest that visual association cortex reactivity and amygdala hyperresponsivity to traumatic images may be related to the severity of the PTSD subjects' symptoms.

Demographic and Clinical Correlates of Treatment Seeking Among Trauma Survivors in Sao Paulo, Brazil

(Abstract # 466)

Poster # F-126 (Clin Res, Soc Ethic)

Atlanta Ballroom

Costa, Mariana, PhD Student¹; Mello, Marcelo, MD, PhD¹; Quarantini, Lucas, MD, PhD³; Koenen, Karestan, PhD²; Bressan, Rodrigo, MD, PhD¹; Mari, Jair, MD, PhD¹

¹Federal University at Sao Paulo, Sao Paulo, Brazil

²Harvard School of Public Health, Boston, Massachusetts, USA

³Federal University of Bahia School of Medicine, Salvador-Bahia, Brazil

Little work has been done on the epidemiology of trauma and its consequences, such as posttraumatic stress disorder (PTSD), in Latin America in general and specifically in Brazil. This is true despite the fact that these populations are more likely to be traumatized than those in developed countries; between 1980 and 2000, more than 598,000 people were assassinated in Brazil. The aim of this study is to identify demographic and clinical correlates of mental health treatment seeking by comparing trauma survivors from a community sample (n=103) and mental health service users (n=44) in the city of Sao Paulo. The clinical assessment included: Structured Clinical Interview for *DSM-IV* Axis I Disorders (SCID); Beck Depression Inventory (BDI) and; Clinician-Administered PTSD Scale (CAPS). The two samples had similar demographic profiles. However, mental health services users presented with more severe posttraumatic stress disorder (PTSD) and major depression (MD) and lower functioning. These pilot data suggest that severity of psychopathology may be the primary determinant of mental health treatment seeking among trauma survivors in Brazil. Future studies should identify barriers to treatment among this population.

Comorbid PTSD in Bipolar Patients: Clinical Outcomes and Quality of Life

(Abstract # 469)

Poster # F-128 (Assess Dx, Practice)

Atlanta Ballroom

Quarantini, Lucas, MD, PhD²; Miranda-Scippa, Angela, MD, PhD; Nascimento, Monica, MD, MPh³; Kapczinski, Flavio, MD, PhD¹; Koenen, Karestan, PhD¹

¹Harvard School of Public Health, Boston, Massachusetts, USA

²Federal University of Bahia School of Medicine, Salvador-Bahia, Brazil

³UEFS, Feira de Santana, Bahia, Brazil

Epidemiologic and clinical studies suggest posttraumatic stress disorder (PTSD) is common among individuals with bipolar disorder (BD) and is associated with significantly worse course and functional impairment. This report is based on data from the Brazilian Research Consortium on Bipolar Disorders. Our goal was to examine whether patients with comorbid BD-PTSD, as compared to patients with BP only (BD-control) and BP with trauma (BD-trauma), but without PTSD have greater functional impairment. A sample of 405 consecutive bipolar outpatients was invited to participate. Eligible patients were older than 18 years, with confirmed BD diagnosis criteria according to the *DSM-IV*. They were evaluated through the Structured Clinical

Interview for the *DSM-IV* axis I (SCID-I), the Young Mania Rating Scale, the Hamilton Rating Scale for Depression- 17 item, and the instrument for the assessment of the quality of life (QOL) of the World Health Organization (WHOQOL-BREF). Groups were similar in terms of socio-demographical parameters. Compared with BD-trauma and BD-control, BD-PTSD group reported consistent worst QOL, higher rates of suicide attempt, more severe scores of YMRS, and were more likely to present with rapid mood cycling.

Posttraumatic Relational Syndrome Cultural and Intergenerational Considerations

(Abstract # 472)

Poster # F-129 (Practice, Assess Dx)

Atlanta Ballroom

Novac, Andrei, MD¹; Katz, Lori, PhD²; Ghafoori, Bita, PhD³; Pusateri, Toni, MD¹

¹University of California Irvine Medical Center, Orange, California, USA

²V.A Long Beach Healthcare System, Long Beach, California, USA

³California State University, Long Beach, California, USA

The author will be drawing on two-decade experience with a group of patients with good premorbid functioning, who are prone to "regress" to immature interpersonal patterns when exposed to stressful life circumstances. The presentation will revisit the previously proposed "regression theory" (1) in view of our current understanding of trauma and attachment. We will propose a bridge between this subgroup of trauma patients and the concept of Posttraumatic Relational Syndrome (PTRS). The importance for the indepth understanding of subcultural and intergenerational aspects of traumatized individuals will be emphasized.

Implementation of a School-Based Preventive Psychological First Aid for Adolescents in Taiwan

(Abstract # 474)

Poster # F-130 (Prev El, Child)

Atlanta Ballroom

Chen, Sue-Huei, PhD; Kung, Yi Wen, MS; Su, Yi-Jen, MA

National Taiwan University, Taipei, Taiwan

Exposure to potentially traumatic events such as a large-scale natural disaster that affect entire communities may lead to higher risk of psychological distress for children and adolescents. The concept of psychological first aid (PFA) has been proposed and increasingly used in the field of disaster mental health in recent years. More efforts have focused on training adults to provide early psychosocial assistance to children following highly traumatic events. A question emerges as whether the PFA, as an operation responding to the occurrence of the trauma, can also function as a preventive build-up for future disaster. The second question asks whether children and adolescents can be benefited from a preventive PFA training for themselves. This study thus aimed to implement a school-based preventive PFA program and then to examine the effect of PFA training. We adapted the concept of PFA, developed preventive PFA protocols, and implemented the preventive PFA program in an elementary school and a junior high located within a zone with high risk for earthquake. Preliminary analyses show that, as compared with their counterparts, those children and adolescents who received PFA training demonstrated better knowledge about disaster and coping to the trauma in immediate post and one-month follow-up evaluations.

Childhood Trauma Contributes to Pathological Dissociation

(Abstract # 479)

Poster # F-131 (Assess Dx, Res Meth)

Atlanta Ballroom

Chiu, Chui-De, PhD Student; Hum, Hai-Go; Yei-Yu Yeh, PhD

National Taiwan University, Taipei, Taiwan

A central issue of any dissociation theory is the distinction between normative and pathological dissociation. Normative dissociation is more prevalent in the general population and involves nontraumatic factors such as the biological disposition; pathological dissociation may be contributed to the trait-like dissociation and traumatic stress (Kihlstrom, Glisky, & Angiulo, 1994). This study aims to examine this theoretical issue, using three measures in a college sample. The Traumatic Dissociation Scale (TDS, Calson & Waelde, 1999) was used to measure pathological dissociation. The Dissociative Experiences Scale (DES, Bernstein & Putnam, 1996) was used to measure trait-like dissociation. The Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998) was used to measure traumatic experiences. The results showed that the correlation between CTQ score with the TDS score (.31) was significantly higher than the correlation between CTQ score and the DES score (.17). Also, adding the CTQ score in a regression analysis with the TDS score as the predicted variable and the DES score as the predictor significantly increased the amount of variances accounted for in the TDS scores. Childhood trauma experiences contributed to pathological dissociation.

Increased Risk of Suicide Attempts in Young Adolescent Females

(Abstract # 480)

Poster # F-132 (Child, Res Meth)

Atlanta Ballroom

Light, Laney, MS¹; Thompson, Martie, PhD²

¹Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina, USA

²Clemson University, Clemson, South Carolina, USA

Suicide is the third leading cause of death among adolescents and represents a significant public health problem. This study explores risk factors for suicide attempts in male and female adolescents. Data are from a nationally representative sample of 10,424 youth who participated in the National Longitudinal Study of Adolescent Health. Risk factors were measured at Wave 1 and included demographic, psychological, family background, behavioral, and resource variables. Logistic regression was used to predict first time non-fatal suicide attempts assessed one year later at Wave 2 and to test gender interactions with each risk factor. SPSS Complex Samples was used to analyze the data. Findings indicated that more females (3.3%) than males (1.6%) had attempted suicide at Wave 2. The majority of risk factors did not vary by gender. However, a significant age by gender interaction was observed. Controlling for other risk factors, the risk of suicide attempts increased for males with increasing age; for females, the greatest risk of suicide attempts occurred in younger adolescents and this risk diminished with increasing age. Elucidating reasons for this interaction could facilitate the design of preventive interventions targeted to young adolescent females.

Profiles of Female Survivors of Interpersonal Traumatic Events: A Person-Centered Approach

(Abstract # 489)

Poster # F-133 (Prev El, Bio Med)

Atlanta Ballroom

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

Michigan State University, East Lansing, Michigan, USA

Trauma researchers have begun to incorporate the person-centered approach into their analyses of the interpersonal violence. This approach allows for an understanding of the survivor as a whole entity or what elements categorize her experiences. This study assessed the profiles of the survivor to gain a different perspective of how characteristics of the survivor affect her psychological and physical health outcomes. Exploratory cluster analyses were conducted to determine survivor groupings which naturally arose based on particular profiles of the characteristics' of the interpersonal traumatic event, personality, and the environment and the effects on the survivor's psychological and physical health symptoms. Participants included 279 women that endorsed an interpersonal traumatic event. Results indicate that the moderate neuroticism and extraversion group was indicative of the highest levels of trauma-related and physical health symptoms. In comparison, women with high environmental stress displayed the highest depressive and anxiety levels, while women with a family psychiatric history displayed the highest trauma-related and physical health symptoms. These groupings can then help future researchers to assess what other factors influence these specific profiles of characteristics as well as provide information regarding the health outcomes associated with these groupings.

Fast and the Furious: Moderating Effects of Personality on Sensation Seeking Behaviors in Veterans

(Abstract # 498)

Poster # F-134 (Clin Res, Assess Dx)

Atlanta Ballroom

Strom, Thad, PhD; Weigel, Rebecca, MA; Leskela, Jennie, PhD; James, Lisa, PhD; Lindberg, Jamie; Yutsis, Maya, MA

Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

Veterans with Posttraumatic Stress Disorder (PTSD) are at risk for premature mortality many years after their military service. Researchers have begun to identify behavioral mechanisms associated with PTSD that may increase risk of early death through external causes including medically non-compliant and impulsive behaviors, substance use disorders, interpersonal violence, and weapon-related aggressive behavior. Moreover, there is evidence suggesting that personality characteristics moderate the impact of trauma on the development and expression of posttraumatic stress disorder symptoms. The purpose of the present study is to examine the rates of high risk and sensation-seeking behaviors in veterans, and identify the contribution of personality factors in the perception and expression of these behaviors. The present study builds upon previous research by incorporating sensation seeking behaviors (e.g., thrill seeking and risky sexual behaviors) that have been neglected in previous studies. We hypothesized that internalizing and externalizing facets of personality would moderate the

relationship between PTSD and the perception and expression of high risk and sensation seeking behaviors. Participants were over 250 veterans presenting to a postdeployment health clinic and two outpatient mental health clinics at a large Midwestern VA Medical center.

Depression, Anxiety and Combat Experience in Men Are Influenced to ECG

(Abstract # 504)

Poster # F-135 (Clin Res, Bio Med)

Atlanta Ballroom

**Mikhaylova, Elena, PhD, MD; Rachin, Andrey, PhD, MD;
Evstigneeva, Natalia**

Smolensk State Medical Academy, Smolensk Regional Hospital for Veterans, Smolensk, Russia

The aim of our research was to evaluate the connection between combat stress, ECG parameters and psychological features of patients. Study included 32 men from 26 to 66 (mean 38.7) 31.25% of which were current military officers and 68.75% were veterans of local wars. 56.25% of men reported about combat injuries, and 100% had got combat experience. We used Beck Depression Inventory (BDI), Mississippi Scale (MS), score for evaluation of combat experience, peritraumatic dissociation questionnaire and Spilberger score for anxiety measures. Linear model of regression analysis being used to describe the relationship between parameters. There was a statistically significant relationship between QT interval and level of the depression at the 90% or higher confidence level ($p<0.10$, correlation coefficient +0.51) and also between QT and combat experience in point 'how many man in you group had been killed' ($p<0.05$, +0.70). It is known that delayed repolarisation of the heart is associated with increased risk of ventricular arrhythmias and sudden cardiac death. Heart rate also had significant relationship with intensity of combat. The results on MS strong influenced to dissociation ($p<0.01$, +0.77) and level of personal anxiety ($p<0.1$, +0.51) and personal anxiety strongly influenced to level of the depression ($p<0.01$, +0.73).

Gender Difference in the Association Among Attachment Styles, Neuroticism and Posttraumatic Stress Symptoms

(Abstract # 515)

Poster # F-136 (Assess Dx, Clin Res)

Atlanta Ballroom

Su, Yi-Jen, PhD Candidate¹; Chou, Chia-Ying, MSc²; Huang, Yu-Lien, MS³; Yu, Sheng-Hsiang, MA; Chen, Sue-Huei, PhD

National Taiwan University, Taiwan, China

Neuroticism is a crucial vulnerability factor for PTSD. Additionally, people who develop insecure working models are more vulnerable to psychiatric disorders. Insecure attachment may reflect a more general personality trait such as neuroticism. Thus, it is interesting to examine whether insecure attachment could predict the severity of PTSD symptoms over and above neuroticism. A sample of 110 undergraduates exposed to Criteria A trauma completed the Posttraumatic Diagnostic Scale, BDI-II, NEO PI-R Neuroticism Scale, and Revised-Adult Attachment Scale. Results indicated that 58.2% of participants endorsed insecure attachment styles. Those who experienced human perpetrated violence (e.g., physical assault) endorsed the highest proportion of insecure attachment styles (81.0%). Insecurely

attached individuals exhibited higher levels of reexperiencing, avoidance, overall PTSD, and depressive symptom severity than securely attached individuals. Regression analyses indicated that only attachment avoidance could predict PTSD symptoms but the effect became nonsignificant after adding neuroticism. The above pattern was quite different between genders. In female participants, attachment avoidance, attachment anxiety, and neuroticism could all predict PTSD. In contrast, only neuroticism could predict PTSD in male participants. The implication for the psychopathology of PTSD is discussed.

The ArtReach Foundation: A Model of Healing Trauma Through Experiential Arts and Group Process

(Abstract # 520)

Poster # F-138 (Civil Ref, Clin Res)

Atlanta Ballroom

Anderson, Susan, CEO; Wise, Stephanie, ATR-BC, LCAT; Door, Ashley, ATR-BC, LCAT; Nash, Emily, LCAT; O'Hara, Christiane, PhD

ArtReach Foundation, Atlanta, Georgia, USA

This presentation explains the mission of ArtReach and our theoretical model of therapeutic experiential arts combined with group process. This model has been employed in working with traumatized populations served by the ArtReach Foundation, a not-for-profit transnational program based in Atlanta, Georgia. The Founder and CEO of the ArtReach Foundation along with her credentialed/licensed creative arts therapist core faculty will discuss the model of experiential arts utilized within a "train the trainers" program. This therapeutic experiential approach, which identifies teachers and mental health professionals in regions that have undergone war trauma or natural disasters, offers participants an intensive training which in turn is designed to help the participants train others to work with traumatized children and adults. Ten years of training survivors of wars and natural disasters in Bosnia, Jordan, and the United States are reviewed. Issues including cultural and language differences, building international relationships, and ongoing funding are discussed.

The Impact of Trauma History on Pain Anxiety and Sensitivity to the Cold Pressor

(Abstract # 531)

Poster # F-139 (Bio Med, Child)

Atlanta Ballroom

Irish, Leah, MA; Delahanty, Douglas, PhD

Kent State University, Kent, Ohio, USA

A history of exposure to traumatic events, particularly childhood abuse, has been associated with greater risk for long-term musculoskeletal pain symptoms as well as higher morbidity of pain disorders. These findings are typically based on results found in treatment-seeking samples, and often contain other methodological confounds. The aim of the present study was to examine the impact of prior trauma on pain sensitivity in a sample of healthy, young adults by applying identical painful stimulation to all participants, and assessing their sensitivity to pain. Thirty undergraduates with a history of prior trauma will be compared to 30 matched controls with no trauma history. Participants provide information on demographics, trauma history, childhood abuse, PTSD and depressive symptoms. In

addition, participants report levels of pain anxiety and participate in a cold pressor task requiring them to submerge their hand in ice water for varying lengths of time. Participants are asked to report on the pain they experienced during the task. Results of this ongoing study will be presented. Analyses will determine whether healthy individuals with a history of trauma report greater sensitivity to pain than nontraumatized controls. In addition, differences in pain anxiety, depression and PTSD symptoms will be tested as potential mechanisms.

Behavioral Forecasting and Sex to Reduce Negative Affect: Prospective Predictors of Assault Risk

(Abstract # 532)

Poster # F-140 (Prev El, Res Meth)

Atlanta Ballroom

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

Northern Illinois University, DeKalb, Illinois, USA

Risky sexual behavior has been identified as a risk factor for sexual assault. Understanding factors that contribute to sexual risk-taking is necessary to create risk reduction programs. Sexual behavior motivated by a desire to reduce negative affect appears prone to high levels of risk; however, little is known about this relationship. The present study used a longitudinal design to examine predictors of risky sexual behavior among college females. Cross-sectionally, using a behavioral forecasting analog, negative affect and use of sex to reduce negative affect (SRNA) were examined as predictors of participants' ratings of their likelihood of engaging in sexual behavior with a poorly known partner. Negative affect, SRNA, and behavioral forecasting ratings were examined as predictors of prospective sexual behavior. Cross-sectionally, negative affect and SRNA were related to ratings of likelihood to engage in sexual intercourse with a poorly known partner. Prospectively, ratings of likelihood to engage in sexual intercourse with a poorly known partner predicted number of new sexual partners and one-night stands. Women who endorsed SRNA and a higher likelihood of sexual intercourse with a poorly known partner reported more new sexual partners at follow-up. An interaction between negative affect, SRNA, and behavioral analog ratings also predicted number of new sexual partners.

Advances in the Theory of Compassion Satisfaction and Fatigue and Its Measurement With the ProQOL 5

(Abstract # 533)

Poster # F-141 (Res Meth, Assess Dx)

Atlanta Ballroom

Stamm, Beth Hudnall, PhD²; Figley, Charles R., PhD¹

¹Idaho State University, Pocatello, Idaho, USA

²Tulane University, New Orleans, Louisiana, USA

No substantial changes have been made to the theory of the effects of providing care in extremely stressful situations or to traumatized people since the mid 1990s. The negative effects have been known as compassion fatigue, secondary traumatic stress and vicarious trauma while positive effects are known as compassion satisfaction or together as professional quality of life. Stamm and Figley will present a newly revised theory of professional quality of life based on recent research and practice

and the Professional Quality of Life Scale (ProQOL⁵: Stamm 2009, www.proqol.org). The ProQOL and its antecedents beginning with the Compassion Fatigue Self Test (Figley, 1995), is the most commonly used measure of the effects of providing care to traumatized people. A literature review identified 99 research papers, 47 of which used the ProQOL to measure the positive and negative aspects of providing trauma care. Following the presentation of the revised theory, the revised ProQOL 5 and its test manual (Stamm, 2009) will be presented. Information will be provided on its reliability and validity, methodological usage, data management, scoring, and providing participant feedback as well as translations and available languages—English, Finish, French, German, Hebrew, Italian, Japanese and Spanish other translations in process.

Childhood Maltreatment and Intimate Partner Violence in Abused African American Women

(Abstract # 540)

Poster # F-143 (Clin Res, Cul Div)

Atlanta Ballroom

Patel, Meghna, PhD¹; Bhaju, Jeshmin, PhD¹; Thompson, Martie, PhD³; Kaslow, Nadine, PhD²

¹Emory University, Atlanta, Georgia, USA

²Emory University School of Medicine, Department of Psychiatry and Behavioral Science, Atlanta, Georgia, USA

³Clemson University, Clemson South Carolina, USA

Intimate partner violence (IPV) has been documented to be higher among African American women (Kaslow et al., 2002). Similarly, rates of childhood maltreatment are higher in the African American community than their White counterparts (Wyatt et al., 2000). Researchers have found that women who are physically, sexually, and/or emotionally abused during childhood were at a higher risk of being victims of IPV as adults (Wyatt et al., 2000). Data for the current study was collected from the Grady Nia Project, which is a hospital based culturally informed intervention for suicidal, abused African American women funded by the Centers for Disease Control and National Institute of Mental Health. Results revealed that a strong relationship exists between childhood maltreatment and experiences of IPV-physical ($r = .19, p < .01$) and IPV-nonphysical ($r = .20, p < .01$). Hierarchical regressions indicated there is no significant difference in the predictive value of form of childhood maltreatment for the experience of IPV. The results obtained indicate the importance of assessing history of childhood maltreatment, particularly among African American females. Clinical implications of addressing childhood maltreatment in therapy with abused African American women are also discussed.

H.E.R.O.E.S. Care: Reducing, Mitigating, and Alleviating Psychological, Moral, and Spiritual Injury

(Abstract # 542)

Poster # F-144 (Comm, Mil Emer)

Atlanta Ballroom

Lynema, Sara, MA^{1,2}; Shulz, Laura, MA^{1,2}; Jerome, Jon²

¹Wheaton College, Lombard, Illinois, USA

²Operation Homefront, High Ridge, Missouri, USA

Center for Deployment Psychology

When calculating stress-related health problems among veteran populations, secondary trauma to spouses and children has often been overlooked. This presentation will provide an overview of a national, community-based strategy for preventing, mitigating, and alleviating psychological, moral, and spiritual injury designed to meet the needs of returning service members and their families. The H.E.R.O.E.S. Care Program provides community-based support for service members and their families throughout the deployment cycle (predeployment, deployment, transition, and reintegration) through a partnership of Operation Homefront with Stephen Ministries, which includes a network of 450,000 volunteers in 10,000 churches nationwide. Specialized training has been designed by Operation Homefront to equip these Stephen Ministers to serve the unique needs of military families and become Hometown Support Volunteers. Give an Hour, a national network of 3,000 mental healthcare professionals who volunteer their services to care for OIF/OEF veterans and their families, will provide professional support for the Hometown Support Volunteers. Additionally, local weekend retreats have been designed for military families during reintegration to process their experience of the deployment cycle with other military families. Specialized tracks have been developed for children and adolescents.

The Victorian Bush Fires: Survivors and Supporters Sharing Trauma

(Abstract # 545)

Poster # F-145 (Disaster)

Atlanta Ballroom

Shakespeare-Finch, Jane, PhD

Queensland University of Technology, School of Psychology & Counseling, Aspley, Kelvin Grove, Australia

February 2009 saw the worst bush fires in Australia's documented history. More than 210 people were incinerated, 2000 homes and business were destroyed. Many more people were injured and many more buildings were damaged. Parents, children, partners, pets, livestock, homes and lives were gone in an inferno that came suddenly and furiously. Nothing could have stopped it. The shock was overwhelming for many and the trauma widespread. Still, those who had always supported their communities continued to do so. This paper explores the role of being a member of a devastated community concurrently with being a member of the support team. Volunteer firefighters, police, paramedics, deliverers of meals, shelter, clothes and news both lived and worked in the affected areas. Still they gave of themselves to those in need despite being in need themselves. Some stories are shared and evidence for the benefit of giving support rather than receiving it is discussed.

Cumulative Trauma and Posttraumatic Stress Among Children After a Second Hurricane

(Abstract # 546)

Poster # F-146 (Child, Disaster)

Atlanta Ballroom

Salloum, Allison, PhD¹; Burch, Berre, MA²; Overstreet, Stacy, PhD²

¹School of Social Work, University of South Florida, Tampa, Florida, USA

²Department of Psychology, Tulane University, New Orleans, Louisiana, USA

Research has demonstrated a relationship between disaster exposure and posttraumatic stress (PTS). However, research is needed to understand how prior trauma exposure, including exposure to prior disasters, moderates this relationship. This study examined the relationship between exposure to a hurricane (Gustav) and distress among 122 children to determine whether that relationship was moderated by children's prior experiences with Hurricane Katrina and exposure to community violence (ECV). Measures of hurricane experiences, ECV, PTS, and depression were administered. Assessments occurred after the 3 year anniversary of Katrina which coincided with the landfall of Gustav. Results indicated a positive association between Gustav and PTS for children who experienced high exposure to Katrina and low ECV. There was a marginally significant positive association between Hurricane Gustav and PTS for children who experienced high ECV and low exposure to Hurricane Katrina. For children with both high exposure to Katrina and high ECV, PTS remained high regardless of Gustav exposure. Results suggest that prior trauma exposure amplifies the relationship between recent hurricane exposure and PTS and high levels of cumulative trauma may supersede the influence of a disaster on distress. Findings support post disaster policies and interventions that address prior trauma.

Assault Characteristics as Predictors of Peritraumatic Dissociation

(Abstract # 548)

Poster # F-147 (Assess Dx, Prev El)

Atlanta Ballroom

Mott, Juliette, MA; Ohlms, Michelle, PhD; Galovski, Tara, PhD

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

The present study sought to identify assault characteristics predictive of peritraumatic dissociation (PD). Participants were 75 interpersonal assault survivors recruited as part of a NIMH-funded treatment trial evaluating the effectiveness of Cognitive Processing Therapy. PD was assessed retrospectively with nine clinician-administered items that queried dissociative reactions during trauma. Consistent with previous studies that have identified PD as an important predictor of PTSD (Briere, 2005), degree of dissociation at the time of trauma significantly predicted avoidance symptoms, as measured by the Clinician-Administered PTSD Scale, $\beta=-0.31$, $p=0.01$. Assault type was related to level of dissociation at the time of trauma, with sexual assault survivors reporting significantly higher rates of PD than survivors of physical assault, $t(70)=0.41$, $p=0.01$. The duration of the assault ($\beta=0.27$, $p=0.04$) and the degree to which the individual gave up or quit fighting at the time of the assault ($\beta=0.29$, $p=0.01$) also predicted degree of dissociation. Feeling calm, helpless, disgusted, and terrified at the time of assault also correlated with total dissociation scores. The present study differs from previous literature in that presence of a weapon, fear of death, and degree of injury were unrelated to degree of PD.

Co-Morbidity of Substance Dependence and Mood-Related Psychopathology in an Urban Population

(Abstract # 549)

Poster # F-148 (Assess Dx, Soc Ethic) **Atlanta Ballroom**

Khoury, Lamya, ScB; Tang, Yi-lang, MD, PhD; Bradley, Bekh, PhD; Ressler, Kerry, MD, PhD; Cubels, Joseph, MD, PhD

Emory University, Atlanta, Georgia, USA

Adverse life events are associated with increased rates of psychopathology, including substance abuse and dependence. Rates of co-morbidity of substance dependence and other psychopathology were examined in a highly traumatized, urban, primarily African American population. Participants were recruited from primary care and obstetrics-gynecology clinic waiting rooms at a public hospital. Lifetime prevalence of alcohol, cocaine, and opiate dependence was determined using the Kreek-McHugh-Schluger-Kellogg (KMSK) scale. The Structured Clinical Interview for *DSM-IV* (SCID) was used to assess lifetime prevalence of Bipolar Disorder, Major Depressive Disorder (MDD), Dysthymia, and Primary Psychosis. A significant difference in the rate of dysthymia was observed between subjects with and without alcohol dependence ($p = 0.035$), and rates of MDD were higher in both the cocaine ($p = 0.021$) and opiate ($p = 0.017$) dependence groups compared to subjects without dependence. Trend level differences were observed in rates of MDD between subjects with and without alcohol dependence ($p = 0.055$) and in rates of primary psychosis between subjects with and without cocaine dependence ($p = 0.068$). There are high rates of co-morbidity between substance dependence and mood-related psychopathology in this population. Cocaine and opiate dependence were associated with higher risks for MDD.

“Exposure” to the September 11th, 2001 World Trade Center Attacks: How Should it be Defined?

(Abstract # 550)

Poster # F-149 (Disaster, Res Meth) **Atlanta Ballroom**

Dugan-Burns, Kelly, MA, MS²; Chemtob, Claude, PhD²; Jones, Russell, PhD¹; Abramovitz, Robert, MD¹

¹Virginia Tech University, Blacksburg, Virginia, USA

²Hunter Social Work School, New York, New York, USA

³Mount Sinai School of Medicine, New York, New York, USA

The September 11th, 2001 WTC attacks and their aftermath were expansive and pervasive in their level of exposure as many people were both directly and indirectly exposed. Some research has suggested that exposure, specifically geographic proximity to the traumatic event, is a strong predictor of subsequent symptomatology. However, given the variability in arbitrarily determined geographic cutoff points (e.g., below Canal Street, below 110th Street, etc.), there are contradictions in the literature regarding how “exposure” is operationally defined as well as its predictive power for distress levels. Therefore, research has attempted to identify additional peritraumatic variables that could potentially predict distress following a trauma. Furthermore, some studies have suggested that a cognitive variable, namely perceived life threat has shown to be the most consistent predictor of PTSD following a trauma. Additionally, Chemtob, Nomura and Abramovitz (in press) defined exposure on the

basis of high and low-intensity exposure to the WTC attack-related events, which involved exposure to very strong sensory experiences. This study will examine the ability of these three “exposure” definitions to predict subsequent posttraumatic stress and depressive symptoms among adults following the September 11th, 2001 WTC attacks using multiple regression statistical analyses.

Evaluating Screening and Secondary Prevention in the Pediatric Medical Setting

(Abstract # 554)

Poster # F-150 (Prev El, Child) **Atlanta Ballroom**

Kassam-Adams, Nancy, PhD

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

Embedding secondary prevention within medical care settings may be an effective way to identify and provide appropriate follow-up for injured children at risk for traumatic stress. This presentation will describe the evaluation of a stepped preventive care model that aims to reduce traumatic stress and other psychological sequelae, and improve health and functional outcomes, in acutely injured children. In the current study, 290 hospitalized injured children were screened for current distress and risk of persistent traumatic stress symptoms. Those screening positive ($n=85$; 29%) were randomized to receive usual care or stepped preventive care. The intervention included two standard follow-up contacts and psychoeducation; decision rules guided the provision of additional elements (e.g., support for adherence to medical care, provision of evidence-based treatment for persistent psychological symptoms) based on assessed needs. Outcomes (PTSD, depression, health-related quality of life, adherence to recommended medical treatment) were assessed at 6 weeks and 6 months. The presentation will summarize findings regarding feasibility, implementation, and 6 week outcomes. Preliminary analyses of 6 week data indicate that screening was effective in identifying children at risk for PTSD or depression, but do not show a difference between treatment groups for PTSD or depression.

Identity, PTG, and Trauma in Cancer Survivors: A New Model of Survivorship

(Abstract # 556)

Poster # F-152 (Assess Dx, Bio Med) **Atlanta Ballroom**

Abernathy, Barbara, MS, LMHC

Florida Atlantic University, Jupiter, Florida, USA

Extensive research has explored the adaptive reconstruction of self among populations such as adult cancer patients. This presentation summarizes a mixed-methods study of 187 adults with cancer and reveals insights into the impact of trauma on identity. A new process model emerged which helped explain how/why some people embrace an identity of survivorship while others explicitly reject such an identity. Each of those groups was found to have distinct identity, posttraumatic growth (PTG), and adjustment profiles. Individuals make sense of experiences and re-narrate events for coherence with narratives, or life stories, providing a vehicle for identity construction. As individuals engage in meaning-making to regain coherence and comprehensibility (schema change), they re-narrate their stories, finding not only new meaning but a new sense of themselves. At the core of the survivor experience is an identity shift that is

not only an outcome, but a global coping strategy. What can we learn about how these individuals make meaning, find wisdom, transformation, and a positive sense of self that can help other survivors?

Rates of Failed Placements in a Foster Care Population: A Picture of Chronic Trauma

(Abstract # 559)

Poster # F-153 (Child, Clin Res)

Atlanta Ballroom

Hoang, Sherry, MS; Mulchay, Christopher, MS; Smith, Gwynneth, MS, JD; Briscoe-Smith, Allison, PhD

Palo Alto University (PGSP), Palo Alto, California, USA

Frequent placement disruption has been found to have negative impact on a child's psychological development and educational progress. In this country there are approximately 510,000 children in the child welfare system. Although the primary goal for foster children is reunification, nearly half experience at least one change of placement (COP) within an average length of stay of 28.3 months. A chart review was conducted on archival data of 3600 children who entered into a community mental health clinic for assessment during 2005-2008. Analysis shows COP children accounted for 20% of the total population of children receiving risk assessments. Children were assessed each time they change placement, which led to an influx in repeat assessment. COP assessments generated 40% of the total assessments. These individuals illustrated a population in which many experienced severe physical/sexual abuse or neglect, displayed disruptive behaviors, have been hospitalized for suicidal behaviors and has reported using drugs. Repeated movements may impair a child's ability to form secure attachments with caregivers as well as possible delinquent behaviors in the future. Predicted outcomes which imply future behaviors associated with conduct disorder, substance abuse, mood disorder and anxiety disorder. Diagnosis and trauma history will be discussed and analyzed.

Kitchen Strategy Skills: Enhancing Family Resilience After Trauma

(Abstract # 560)

Poster # F-154 (Practice)

Atlanta Ballroom

Dexter, Beverly Ann, PhD

No More Nightmares, Valley Center, California, USA

Traumatic events do not occur in a vacuum—they occur to families and communities. But just when a trauma survivor needs family and friends most, relationship conflict can rise to dangerous levels. The skills identified on this poster help families go beyond reducing conflict to strengthen resilience and relationships. These practical strategies will help your clients to rapidly lessen family conflict and deal more effectively with trauma recovery.

Comparison of Trauma-Associated Sequelae Between a Bereaved and Non-Bereaved Community Sample

(Abstract # 562)

Poster # F-155 (Assess Dx, Commun)

Atlanta Ballroom

Belsher, Bradley, MS^{1,2}; Mccoy, Meghan, MA¹; Masse, Jenni, MA¹; Downey, Monika, BS¹; Stiles, Gloria¹; Ruzek, Josef, PhD^{1,2}

¹Pacific Graduate School of Psychology, Palo Alto University, Palo Alto, California, USA

²VA Palo Alto Health Care System, Menlo Park, California, USA

The objective of this study was to identify differences between recent survivors of bereavement and non-bereavement trauma, based on PTSD, anxiety sensitivity, and depression. The participants were a community sample of thirty individuals (mean age = 43) seeking treatment at a free mental health clinic specializing in the prevention and treatment of PTSD. Participants were predominately female (83%) and Caucasian (57%). Sixty percent (n=18) reported bereavement-related traumas; 40% (n=12) reported non-bereavement-related traumas. Baseline differences on PCL-C, ASI, and CES-D scores were evaluated using independent T-tests. The results indicated that on the PCL-C, bereaved participants reported significantly greater reexperiencing symptoms than non-bereaved participants ($p < .05$), but did not differ in total PTSD symptoms, numbing/avoidance or arousal. On the CES-D, bereaved participants reported significantly greater depressive symptoms than non-bereaved participants ($p < .01$). Groups did not differ with regard to anxiety sensitivity on the ASI. In conclusion, bereaved trauma survivors may exhibit greater intrusive ideation and depressive symptoms than non-bereaved trauma survivors. These findings have implications for the assessment and treatment for bereaved trauma survivors.

Characteristics of Treatment-Seeking Civilian Trauma Survivors

(Abstract # 563)

Poster # F-156 (Prev El, Clin Res)

Atlanta Ballroom

Dimmitt, Julie, BA; Dahlman, Molly, BA¹; DiRaimondo, Casey, BA; Pope, Krystal, JD; Shechtman-Cory, Ella, BA; Scott, Andrea, MA

Palo Alto University (PGSP), Palo Alto, California, USA

Baseline characteristics of civilian trauma survivors seeking treatment at the Early Intervention Clinic (EIC) were evaluated. The EIC offers free services to trauma survivors recruited from community-based agencies, up to 2-years post-trauma. Participants (N = 30) were a mean age of 42.6 (SD=13.1, range=20-78) and were predominantly female (83%) and Caucasian (59%). Type of trauma experienced by participants included motor vehicle accidents (30%), death of a spouse, friend or relative due to illness (23.3%), suicide (16.7%), homicide (13.3%) or accident (6.7%), and accidents not resulting in death (10%). Thirty-seven percent had an income at or above \$80,000. The majority of the sample had at least some education past high school (86%). Eighty percent scored 50 or above on the PCL-C ($M=60.8$, $SD=14.3$, range=26-85). The mean CES-D score was 36.5 ($SD=10.6$, range=9-55). The most frequently endorsed needs were concentration (87%), anxiety (83%), sleep difficulties (83%), grief (83%), memory (79%), depression (73%), finances (69%), work (67%), daily activities (67%), and lack of exercise (67%).

The influence of community outreach and recruitment efforts on sample characteristics will be discussed.

Cross-Cultural Validity of Connor-Davidson Resilience Scale: Data From Japanese Populations

(Abstract # 564)

Poster # F-157 (Assess Dx, Cul Div)

Atlanta Ballroom

Ito, Masay¹; Nakajima, Satomi, MD PhD¹; Shirai, Akemi²; Kim, Yoshiharu, MD, PhD¹

¹National Center of Neurology & Psychiatry, Kodaira, Japan

²International University of Health and Welfare

One of the most reliable and validated measures for assessing resilience is Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). This scale is not yet to be validated transculturally. Purpose of the present study was to examine the reliability and validity of Japanese version of CD-RISC. 407 Japanese (117 Adults and 290 university students) completed the following scales: CD-RISC, Hardiness (Kobasa & Pucetti, 1983), Sense of Coherence (Antonovsky, 1987), Social Support (Furukawa et al., 1999), Perceived Stress (Cohen et al., 1983), and K6 (Kessler et al., 2002). The result of confirmatory factor analysis testing uni-dimentional model for CD-RISC showed good fit to the data ($\chi^2(47) = 83.98$, $p < .01$; AGFI = .927, CFI = .981, RMSEA = .044). Cronbach's alpha coefficient ($\alpha = .90$) and test-retest correlation for two-weeks ($r = .83$, $p < .01$) were high enough to support the reliability. As hypothesized, CD-RISC were positively associated with Hardiness, Sense of Coherence, Social Support ($r = .68, .50, .23$, $p < .01$, respectively) and negatively correlated with Perceived Stress and K6 ($r = -.54, -.44$, $p < .01$). Moreover, the hierarchical multiple regression analyses showed the incremental validity of CD-RISC in predicting Perceived Stress. These results are consistent with those of Connor & Davidson (2003), indicating the cross-cultural validity of CD-RISC.

Trauma Art Narrative Therapy for Two Children With PTSD and Dissociation

(Abstract # 567)

Poster # F-158 (Child, Practice)

Atlanta Ballroom

Bills, Lyndra, MD¹; Rhodes, Sarah, BS³; Friedman, Jeff, PhD²

¹Austin, Texas, USA

²Hartsville, Pennsylvania, USA

³The Warwick House, Hartsville, Pennsylvania, USA

Two cases of children with PTSD and dissociation due to trauma will be presented. One child is a 7y/o girl diagnosed with ADD, ODD, RAD, and PTSD who also showed significant dissociation. She was not able to be cared for in a foster home due to the severity of her behaviors which included sexually abusing a sibling, sexually inappropriate behaviors, and aggression. The other case is a 9y/o girl who entered treatment after setting her foster home on fire. She had been diagnosed with a mood disorder, attention and hyperactivity problems. She had a history of sexual abuse which was connected to her setting fire to her home. In both cases, Trauma Art Narrative Therapy was chosen as the modality to help integrate the emotion, behavior, and cognition of the traumatic experiences. For both of these girls, TANT was useful in seeming to integrate the traumatic experience so that they could resume normal development. There was very little cognitive processing of

the traumatic events. They have both been able to be adopted without further need of therapeutic intervention. Case discussion will focus on clinical presentation and use of Trauma Art Narrative Therapy as a treatment intervention. Pertinent clinical observations about the course of treatment, the choice of intervention, and the outcome will be discussed.

Adverse Childhood Experiences and Religious Coping Styles in Veterans With Chronic Combat Related PTSD

(Abstract # 569)

Poster # F-159 (Mil Emer, Practice)

Atlanta Ballroom

Kelly, Caroline, MA¹; Jakle, Katherine, MA¹; Leshner, Anna, MA¹; Schutz, Kerri, MA¹; Burgoyne, Marissa, MA¹; Drescher, Kent, PhD²

¹Pepperdine University, Los Angeles, California, USA

²Palo Alto VA Health Care System, Menlo Park, California, USA

Research has found that positive religious coping (PRC) is associated with positive psychological adjustment to stress while negative religious coping (NRC) is associated with negative psychological adjustment to stress (Ano & Vasconcelles, 2004). There are no known studies investigating the relationship between prior childhood abuse and religious coping styles in veterans with PTSD. The current study examines the relationship between positive and negative religious coping, childhood abuse, and family [of origin] dysfunction in a large inpatient sample of PTSD-positive veterans. Upon entrance to residential PTSD treatment, 539 male and female veterans completed measures of household dysfunction, childhood physical and sexual abuse, PRC, and NRC. The sample was 58% Caucasian and 89% male, with an average age of 51 years. Correlational analyses revealed a significant relationship between childhood physical abuse and NRC and a significant inverse relationship between childhood physical abuse and PRC. Analyses showed a significant relationship between childhood sexual abuse and NRC, while the relationship between childhood sexual abuse and PRC was non-significant. A significant relationship was found between family dysfunction and PRC but not between family dysfunction and NRC. The importance of addressing adverse childhood experiences and religious coping is discussed.

Effect of Katrina, Life Stressors, Appraisal, and Perceived Support in Posttraumatic Symptoms

(Abstract # 572)

Poster # F-161 (Disaster, Res Meth)

Atlanta Ballroom

Yamashita, Jun, MD, PhD

Tulane University, School of Public Health, New Orleans, Louisiana, USA

Disaster researchers have adopted the theories of stress research but differently applied in developing a screening tool to detect post-disaster posttraumatic stress disorder (PTSD). Reviewing the literature separately for the two fields, we found different theoretical applications. According to the review, we constructed a multiple linear regression model by combining the advancements made in these fields: assessing the relationship of 17 PTSD symptoms and multidimensional consequences of a specific disaster, with three additional stress-health correlates: chronic stressors (plus trauma history), appraisal, and perceived

social support. Along with the framed model, we assembled several existing self-report instruments. We employed psychometric criteria recommended to specific constructs in choosing the most appropriate measures from the literature. A cross-sectional study was conducted of 125 residents in affected communities of the Greater New Orleans area two years after Hurricane Katrina. Effects of item nonresponse were considered in determining the sample size. Analyzing data, we have confirmed the appropriateness of our composite questionnaire and found our model useful to explain why not all the exposed to a disaster develop PTSD, because entering three additional predictors in the disaster-mental health bivariate model has improved prediction of the variance in the outcome variable from 10% up to 47%.

Relationship Between Level of Terrorist Threat Experience and PTSD

(Abstract # 576)

Poster # F-163 (Disaster, Res Meth)

Atlanta Ballroom

Bykhovets, Julia, PhD; Tarabrina, Nadja, PhD, DSc

Institute of Psychology of the Russian Academy of Science, Moscow, Russian Federation

Impact of terrorist threat on indirect victims (those who were confronted with terrorist attacks by means of MASS MEDIA) was investigated. SUBJECTS: 540 participants from different regions of Russian Federations: Moscow, the Chechen Republic (ChR) and Chita (Eastern Siberia). METHODS: MS, STAI, SCL- 90-R, EPI, Life Experience Questionnaire (LEQ). We also developed a Questionnaire to measure intensity of individual experience of the terrorist threat. RESULTS: Residents of ChR experience terrorist threat with highest intensity. Residents of Chita experience threat of terrorism in a greater degree, than Moscowites. Intensity of PTSD symptoms is correlated with terrorist threat experience in groups of Moscow ($p<.001$) and Chita ($p<.05$). The whole sample was divided into three subgroups according to the intensity of posttraumatic stress reactions: high (H), moderate (M) and absent PTSD symptoms (A). Group "H" scores on state and trait anxiety, SCL-90 R, neuroticism and the general index of terrorist threat experience were significantly higher than these in two other groups. Intensity of terrorist threat experience is correlated with level of PTSD symptoms in group "H" ($p<.05$), "M" ($p<.001$). There is no such correlation in group "A". Results show that experience of terrorist threat contribute to the development of PTSD.

Gender Differences in Risk Perception and Cognitive Appraisals of Natural Disasters in Taiwan

(Abstract # 577)

Poster # F-164 (Disaster, Cul Div)

Atlanta Ballroom

Kung, Yi-Wen, MS¹; Chen, Sue-Huei, PhD¹; Chen, Walter, PhD²

¹National Taiwan University, Taiwan, China

²National Taipei University of Technology, Taiwan, China

Literatures have suggested that women may be more sensitive to risks and vulnerable to trauma. However, gender effects of risk perception vary cross-nationally. It would be of more interest to explore the differences among various disasters. This study aimed to investigate the question by analyzing the random

telephone interview survey data provided by the National Science and Technology Center for Disaster Reduction of Taiwan. The samples included the general public ($n=1090$) and victims ($n=250$) of floods ($n=1340$) and landslides ($n=1573$) in 2004. Results show that, overall, risk perception was related to negative expectation and sense of helplessness, and negative expectation was related to sense of helplessness. In all samples except victims of floods, controllability of disaster had inverse relations with negative expectation and sense of helplessness. Concerning gender differences, in all samples except victims of floods, men had higher controllability of disasters, and women were more worried and helpless. Non-impacted general public women had more negative expectation toward disasters than their counterpart, but no gender effects were found in victims of both disasters. Gender and specific features of various disasters may play important roles in risk perception and thus should be taken into consideration for disaster reduction and mitigation.

Reactions to Trauma Research Among Substance Use Disorder Patients

(Abstract # 581)

Poster # F-165 (Soc Ethic, Res Meth)

Atlanta Ballroom

Tirone, Vanessa, MA, PhD; Martino, Stephanie; Carnrike, Jessica; Maisto, Stephen; Ouimette, Paige, PhD; Cohen, Melissa, PhD

VA Medical Center, Syracuse, New York, USA

Studies on individuals' reactions to research have shown, across many populations, that trauma interviews do not re-traumatize participants. To date, few studies have examined reactions to research among men and women with Posttraumatic Stress Disorder (PTSD) symptoms in substance abuse treatment. Concerns have been raised about how trauma research (e.g., asking about life history of trauma and current PTSD symptoms) may increase risk for relapse. The present study examined reactions to research among 93 (53% female) participants as part of 2 ongoing interview studies on PTSD and substance use. Trauma and PTSD was assessed using the Clinician Administered Posttraumatic Stress Scale. Participants evaluated their participation via self report packets including the Reactions To Research Participation Questionnaire. Though 60% ($n=55$) of participants experienced unexpected upset, only 3% ($n=3$) regretted participating. Most (87% $n=81$) rated the interview as or less upsetting than reminders of trauma in everyday life. Results suggest that, in general, this population responds favorably to trauma interviews. Additional analyses will examine whether individuals with high PTSD symptoms or specific trauma histories (i.e. sexual assault) are at risk for more negative research outcomes.

Predictors of PTSD Diagnosis, Treatment Adherence, and Treatment Outcome Among Combat Veterans

(Abstract # 583)

Poster # F-166 (Assess Dx, Clin Res) Atlanta Ballroom

Pless, Anica, MA; Perconte, Stephen, PhD; Marcario, Melissa, PhD; Jacoby, Aaron, PhD; Paldino, Dawnelle, PhD; Fisher, Barry, PhD

VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania, USA

Veterans with PTSD often experience persistent psychological problems; research suggests that psychotherapy can significantly reduce symptom severity and impairment but that this population is often reluctant to seek and continue with treatment. This archival study identifies variables that predict diagnosis, treatment adherence (e.g., # of no-shows and frequency of attended sessions) and outcome (e.g., inpatient hospitalizations, employment status) by examining screening measures and treatment data from approximately 1000 veterans evaluated in a VA PTSD clinic over 4 years. Measures include the Mississippi PTSD scale, IES-R, Pittsburgh Combat Exposure Scale, BDI-II and SCL-90-R. Record review will provide treatment adherence and outcome variables. It is hypothesized that screening measures will positively correlate and predict diagnosis and treatment adherence and outcome in treatment-seeking veterans. Bivariate correlations and hierarchical regressions will test hypotheses. The ability to predict who will follow treatment recommendations and experience improvement has clinical implications. Understanding predictors may increase the ability of clinicians to address barriers to treatment and to provide effective intervention for veterans with PTSD.

An Investigation of Attention to Shame Stimuli in a PTSD Sample Using the Emotional Stroop Task

(Abstract # 588)

Poster # F-167 (Res Meth, Clin Res) Atlanta Ballroom

Sippel, Lauren, BA; Marshall, Amy, PhD, Parker, Malone

Pennsylvania State University, University Park, Pennsylvania, USA

Theory suggests that posttraumatic stress disorder (PTSD) is associated with heightened sensitivity to threat to the psychological self, which results in shame in social contexts (Ehlers & Clark, 2001). Shame is difficult to report because it is abstract and often avoided (Elison et al., 200⁶; Kugler et al., 1992). We therefore created an Emotional Stroop paradigm (Williams et al., 1996) to investigate attention to shame-relevant stimuli outside of self-report. The aim of this study is to examine relationships between Stroop interference, indicating attention bias, to shame-oriented semantic stimuli, self-reported shame (Other As Shamer Scale; Goss et al., 1994), and PTSD symptoms among a community sample (expected N = 80) scoring high on the Clinician Administered PTSD Scale (Blake et al., 1998). As expected, preliminary analyses indicate a large positive correlation between Stroop interference and PTSD symptoms ($r = .63$), particularly Cluster C avoidance symptoms ($r = .78$). Self-reported shame, however, exhibited a near-zero correlation with PTSD ($r = .04$). Data collection is ongoing, and future analyses will include comparisons of subliminal and supraliminal Stroop conditions, indicating automatic and strategic attentional

processing. Clinical implications and future directions for measuring the impact of emotions on social information processing will be discussed.

PTSD, Psychosis and Adaptive Functioning in a Highly Traumatized, Urban Community Sample

(Abstract # 590)

Poster # F-168 (Assess Dx, Cul Div) Atlanta Ballroom

Gaben, Mark, PhD²; Khoury, Lamya, ScB²; Avasthi, Ranjan, MD¹; Bradley, Bekh, PhD²; Ressler, Kerry, MD, PhD²

¹Morehouse School of Medicine, Atlanta, Georgia, USA

²Emory University, Atlanta, Georgia, USA

Despite research indicating increased risk for psychosis in people with PTSD and vice versa. This and related research have raised the questions as to whether the *DSM* should take this into account (e.g. allowing for PTSD with psychotic features as a diagnosis). The current study draws from a NIMH-funded study investigating environmental and genetic risk factors for PTSD in a sample of low SES, African American men and women seeking care in the primary care clinics of a public urban hospital. We are proposing to present data on the relationship between psychotic symptoms as measured by the SCID psychosis screener, and PTSD symptoms as measured by the Posttraumatic Stress Scale-Revised from approximately 410 participants in the above described study. We found that individuals with PTSD and symptoms of psychosis are significantly more likely to have made a suicide attempt ($p < .05$), have past substance abuse ($P < .001$) to have been hospitalized in a psychiatric institution ($p < .001$), and to have worse interpersonal relationships ($p < .001$). Thus, psychosis may play a significant role in the overall impact of PTSD symptoms on level of adaptive functioning and warrants consideration as we move towards *DSM-V*.

Pittsburgh Patient Satisfaction Scale (PPSS-VA): A New Scale of Veteran Satisfaction With PTSD Care

(Abstract # 592)

Poster # F-169 (Practice, Assess Dx) Atlanta Ballroom

Renner, Kerry, MS; Jacoby, Aaron, PhD

VA Pittsburgh, Pittsburgh, Pennsylvania, USA

Posttraumatic Stress Disorder is a serious mental illness with a lifetime prevalence of 8-14% in the general population (American Psychiatric Association [APA], 1994). Despite the prevalence of PTSD and a small body of research supporting that satisfaction with care might lead to increased treatment compliance, increased rapport with treatment providers, and overall improved therapy attendance (Holcomb, Parker, Leong, Thiele, & Higdon, 199⁸; Druss, Rosenheck, & Stolar, 199⁹; Gray, Elhai, & Frueh, 2004), little research exists on veteran patient satisfaction with PTSD care. At VA Pittsburgh Healthcare System, veterans complete patient satisfaction questionnaires upon initial intake into the PTSD Clinical Team (PCT). Questionnaires include the Charleston Psychiatric Outpatient Satisfaction scale (CPOSS-VA; Frueh et al., 2002), an established reliable and valid measure of patient satisfaction, and the Pittsburgh Patient Satisfaction scale (PPSS-VA; Renner, 2009), a newly-developed scale. The primary aim of this presentation is to report a comparison between

scale development statistics for the CPOSS-VA and PPSS-VA. Preliminary reliability and validity data from approximately 150 completed CPOSS-VA and PPSS-VA forms will be reported, providing support for the hypothesis that the PPSS-VA is a reliable and valid measure of patient satisfaction in a PTSD specialty clinic.

Influence of Perpetrator Identity on PTSD

(Abstract # 596)

Poster # F-170 (Clin Res, Assess Dx) **Atlanta Ballroom**

Sands, Lauren, BA; Phifer, Justine, BA; Ressler, Kerry, MD, PhD; Bradley, Bekh, PhD; Weiss, Tamara, MD

Emory University, Atlanta, Georgia, USA

Studies have suggested a link between perpetrator identity in childhood sexual abuse cases and risk for PTSD, but this association may be mediated in part by related factors like abuse severity and repeated trauma exposure. We examined the relationship between perpetrator identity and PTSD while taking into account possible confounds. Participants from primary care clinics (N=141) completed trauma and diagnostic assessments. Subjects with a history of familial sexual abuse (FA) were exposed to more severe sexual abuse, were more likely to be physically and emotionally abused, and had higher total abuse severity scores than those exposed to non-familial abuse (NFA). FA predicted adult trauma exposure at the trend level ($p < .06$). Current ($p < .01$) but not lifetime PTSD diagnosis was more common in FA. FA was associated with increased lifetime ($p = .01$) and current ($p < .01$) PTSD symptom severity and with a trend towards greater PTSD symptom duration ($p < .06$). After controlling for gender, abuse severity, and adult trauma exposure, there was no longer an increased risk for PTSD diagnosis. However, current ($p < .02$) and lifetime ($p < .02$) PTSD severity as well as PTSD symptom duration ($p < .03$) were higher in the FA group. These data indicate that some trauma outcomes may be influenced by the perpetrator-victim relationship independent of related trauma factors.

Evaluation of a Sexual Abuse Prevention Program for Taiwanese School-Aged Children

(Abstract # 597)

Poster # F-171 (Prev El, Child) **Atlanta Ballroom**

Chen, Chuen, PhD¹; Fortson, Beverly, PhD²; Tseng, Kai-Wen, BS¹; Lin, Yi-Huu, BS¹

¹National Chung Cheng University, Taiwan

²University of South Carolina, Aiken, South Carolina, USA

Although reported cases of child sexual abuse (CSA) have steadily increased in Taiwan in the past decade, Taiwanese children often do not disclose CSA, perhaps because of the norms of the country, including a lack of discussion of sexuality and the lack of overt affectionate expression within families. In Taiwan, most of the CSA prevention research is aimed at increasing one's knowledge. The purpose of the current research is to systematically evaluate the efficacy of a CSA prevention program consisting of two training components: knowledge and self-protection skills. Sixteen Taiwanese children in grades 1 through 3 (M age = 7.50, SD = .97) and 14 children in grades 4 through 6 (M age = 10.14, SD = .77) were randomly assigned to either a sexual abuse prevention program (n = 15) or a waiting-list control condition (n = 15). A group-administered, paper-based

test and an individually administered, analogue role-play test developed by the investigators were used to assess participants' CSA-related knowledge and self-protection skills at pre- and post-treatment. The challenges in implementation the program with this population and the efficacy of the program in improving knowledge and self-protection skills will be discussed, as well as directions for future research.

Effects of a Brief Psychoeducational Program on Stage of Change Among Veterans With PTSD

(Abstract # 598)

Poster # F-172 (Clin Res) **Atlanta Ballroom**

Vega, Edward, PhD²; Butt, Jon, LMSW²; Daugherty, Mikyta, PhD²; Bradley, Bekh, PhD¹

¹Emory University, Atlanta, Georgia, USA

²Veterans Administration, Decatur, Georgia, USA

Posttraumatic Stress Disorder is characterized by avoidance symptoms, often complicating the process of treating individuals suffering from the disorder. Of primary concern in the treatment of PTSD is minimizing avoidance that limits the individual's effective engagement in treatment and helps maintain other symptoms. Treatment avoidance is more prevalent among active and retired military personnel due to stigma associated with any mental health issue. There are additional barriers to mental health treatment-seeking among minority ethnic populations. This evaluation examines the impact of a four session psychoeducational intervention on readiness to change among an ethnically diverse veteran population seeking specialized treatment within a Veterans Affairs PTSD Clinical Team (PCT). This evaluation utilizes measures such as the 32-item University of Rhode Island Change Assessment (URICA) scale. Participants showed significant increases on both Contemplation and Action stage scores. These results suggest that the psychoeducational program is effective in enhancing this population's readiness to engage in psychotherapy, specifically related to PTSD. Additional, unanticipated positive changes were observed as a result of this brief program that may impact the effectiveness of broader treatment processes and outcomes.

Support Strategies for Exposed Trauma Veterans Returning to Rural and Community Settings

(Abstract # 601)

Poster # F-173 (Prev El) **Atlanta Ballroom**

Kudler, Harold, MD; Straits-Troster, Kristy, PhD

Durham VA Medical Center, Durham, North Carolina, USA

Many men and women serving in the US all-volunteer fighting force return home to families in rural communities far from military and VA support services, requiring unprecedented collaboration between VA, DoD, state and community organizations. The VA Mid-Atlantic Region Mental Illness Research, Education and Clinical Center has implemented novel support strategies for deployment mental health:¹ Rural Church Initiative-implemented a training program in 5 geographically isolated and underserved NC counties to build an integrated spiritually-based network in collaboration with United Methodist Church and partners;² Enhanced Outreach and

Engagement Pilot Program - demonstration project designed to engage OEF-OIF veterans with mental health problems and their family members through a targeted media campaign linked to call centers; 3) National Database Template development is underway to create an easily searchable database organized by geographic region to provide a full range services that could easily be uploaded to the National Resource Directory; 4) Group Supervision- format developed for trauma clinicians and staff who routinely hear disturbing trauma stories. Conclusion: It is essential to meet veterans and their families where they are in their trusted communities to continue to bridge gaps in mental health care access.

Coping Strategies and PTSD Among African-American and Caucasian Victims of Intimate Partner Violence

(Abstract # 602)

Poster # F-174 (Cul Div, Assess Dx) Atlanta Ballroom

Smith, Kamala, BA; Lester, Kristin, PhD; Resick, Patricia, PhD

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

Intimate Partner Violence (IPV) has been documented among many ethnic and cultural groups, yet research has shown that African-American women are at greater risk for experiencing IPV than their Caucasian counterparts. Taft et al. (2007) found that engagement coping strategies were predictive of positive mental health outcomes and disengagement coping strategies were predictive of poorer outcomes; however, it is unknown whether there are ethnic differences in PTSD symptom severity or the role of coping in mediating those symptoms. This study examined the relationship between ethnicity, PTSD severity, and coping strategies among a sample of help-seeking battered women recruited from shelters and domestic violence agencies. African-American women (n=261) and Caucasian women (n=110) were compared at baseline using the Coping Strategies Inventory and the Clinician Administered PTSD Scale (CAPS). Our results revealed an association between ethnicity and CAPS scores such that African-Americans had lower PTSD symptom severity compared to Caucasians ($M=60.83$, $SD=24.7$; $M=70.95$, $SD=24.9$; respectively, $\beta=10.12$, $p<.05$). Additionally, African-Americans were more likely to use engagement coping strategies than Caucasians ($M=112.67$, $SD=26.0$; $M=105.91$, $SD=24.91$; respectively, $p<.05$). Furthermore, it was found that engagement coping mediated the relationship between ethnicity and PTSD severity.

Perceived Threat as a Mediator of the Effects of Combat Exposure on PTSD Symptom Severity

(Abstract # 603)

Poster # F-175 (Mil Emer, Clin Res)

Atlanta Ballroom

Silva, Caroline, BA¹; Krantz, Lillian, BA¹; Papa, Anthony, PhD³; Litz, Brett, PhD²

¹National Center for PTSD, Boston, Massachusetts, USA

²University of Nevada, Reno, Reno, Nevada, USA

³VA Boston Healthcare Center, Jamaica Plain, Massachusetts, USA

Research has shown that combat exposure and perceived life threat predict PTSD symptomatology (Owens et al., 2009; Holbrook et al., 2001). Derived from research assessing barriers to mental health care among service members, we report associations between perceived threat, combat exposure, and PTSD. We hypothesized that perceived threat mediates the relationship between combat exposure and PTSD symptom severity. Surveys assessing various constructs were completed by 49 veterans of OIF/OEF. Combat exposure, perceived threat, and PTSD symptomatology were measured using the Combat Experience and Perceived Threat Scales (DRRI; King et al., 2003), and the PTSD Checklist – Military (PCL-M; Weathers et al., 1993). Mediation criteria were met (Baron & Kenny, 1986): the predictor (combat exposure) was significantly associated with the criterion (PTSD symptom severity; $t = 3.65$, $p < .001$); the predictor was significantly associated with the mediator (perceived threat; $t = 2.81$, $p < .01$); the criterion was significantly associated with the mediator ($t = 4.43$, $p = .0001$); and the mediator reduced the relationship between the predictor and criterion ($t = 2.24$, $p = .031$). Sobel's test was significant (Sobel's $t = 1.04$, $p < .02$), indicating that the mediator significantly carried the influence of the predictor to the criterion. These results support a partially mediated model. Implications are discussed.

Age and Quality of Life Among Inpatient Combat Veterans With PTSD

(Abstract # 611)

Poster # F-177 (Clin Res, Practice)

Atlanta Ballroom

Penner, Allison, MS¹; Tiet, Quyen, PhD³; Sweeton, Jennifer, MA¹; Fitt, Julie, BS, BA¹; Jordan, Frank, PhD Candidate; Thuy, Tran; Rosen, Craig, PhD²

¹Palo Alto VAHCS, Menlo Park, California, USA

²National Center for PTSD, Menlo Park, California, USA

³VA Palo Alto HCS/Stanford University & CSPP at Alliant International University, Menlo Park, California, USA

This study investigated the relationships between age, marital status, spirituality, treatment alliance, and quality of life in a sample of 200 Veterans with PTSD upon inpatient admission to the Palo Alto VA residential treatment program. Cross-sectional data was gathered from Veterans who served between WW-II and the wars in Iraq/Afghanistan. Prior research suggests being married and religious may be associated with better quality of life in Veterans with PTSD, while youth and being married is associated with less mental health service needs. However, no studies have examined the relationships of these variables on quality of life together, nor their potential confounds. This study attempted to examine the unique associations of these factors on quality of life scores for PTSD inpatients. Univariate analyses revealed that youth, being married, spirituality, and perceived

treatment alliance were not significantly associated with better quality of life. Multiple Regression analyses revealed that older age accounted for the greatest difference in the association with better quality of life. On average, older Veterans scored higher on a quality of life measure. These findings suggest that, with the same marital status, levels of spirituality, and perceived treatment alliance, quality of life increases as Veterans age. Implications will be discussed.

Perceived Barriers to Mental Health Care in Military Medical Personnel

(Abstract # 613)

Poster # F-178 (Mil Emer, Prev El)

Atlanta Ballroom

Krantz, Lillian, BA¹; Cedillos, Elizabeth, BA¹; Dickstein, Ben, MA²; Peterson, Alan, PhD¹; Litz, Brett, PhD³

¹UTHSCSA, San Antonio, Texas, USA

²Boston University, Boston, Massachusetts, USA

³National Center for PTSD, Boston, Massachusetts, USA

Military medical personnel face direct and indirect exposure to violence in the warzone, yet predictors of Posttraumatic Stress Disorder (PTSD) and subsequent help-seeking behaviors remain understudied among deployed care-providers. Given previous findings that U.S. combat personnel commonly report barriers to mental health care (Hoge et al., 2004), we examined if and how similar concerns manifest among healthcare workers deployed to Iraq. Medical personnel stationed at Wilford Hall Medical Center and MacDill AFB Clinic completed a series of questionnaires following deployment to Joint Base Balad, Iraq. PTSD symptom severity was measured using the PCL-M, and perceived barriers to care were assessed using a rationally derived measure similar to that administered by Hoge et al. Overall, 49.6% of participants endorsed at least one barrier to care, and there was a low to moderate positive correlation between the number of barriers endorsed and overall score on the PCL-M ($r = .26$, $p < .01$). These results suggest that healthcare workers are not immune to barriers to care. In addition, healthcare workers exposed to high impact combat and operational stress were twice as likely to report concerns about stigmatization and other barriers to care. The types of barriers endorsed by participants and the implications of these findings will be discussed.

Adverse Childhood Experiences and Religious Coping in Urban Youth Workers

(Abstract # 615)

Poster # F-179 (Commun, Practice)

Atlanta Ballroom

Chan, Jean, MA; Yeh, Dow-Ann, BA; Duke, Thomas, BA; Tilahun, Bikat, MA; Kim, Amy, PsyD; Eriksson, Cynthia, PhD

Fuller Graduate School of Psychology, Pasadena, California, USA

Urban ministry workers cope with an environment of violence and stress and may have a history of adverse childhood experiences (ACEs), which are linked to various physical and mental health concerns. Positive and negative religious coping strategies have also been linked to beneficial and harmful mental health outcomes, respectively, and may be particularly salient for these urban ministry workers. Yet, studies examining the effect of ACEs on religious coping are severely limited. Urban workers from five U.S. cities ($N = 284$) completed a survey assessing trauma exposure, coping, and adjustment. It was hypothesized that there would be a positive correlation between ACEs and negative

religious coping and a negative correlation between ACEs and positive religious coping. However, no such relationship existed in this sample. In particular, a hypothesized relationship between the presence of child sexual abuse and religious coping was not supported. While a high percentage of workers reported ACEs, there was a lack of variability in religious coping responses in this religiously affiliated sample. A religiously diverse community sample may contribute to future research. Urban ministry organizations should also be aware of the rates of ACEs in order to provide better support to the urban ministry worker population.

Differential Validity of Attachment Measures in Predicting Pathology in a Traumatized Population

(Abstract # 617)

Poster # F-180 (Res Meth, Soc Ethic)

Atlanta Ballroom

Crain, Daniel, BA; Ressler, Kerry, MD, PhD; Forman, Erin, BA; Ortigo, Kile, MA; Bradley, Bekh, PhD

Emory University, Atlanta, Georgia, USA

Research has found attachment theory to be an important framework for exploring risk and resilience for psychopathology and responses to adverse life events. The divergence of theoretical models has provided multiple ways of conceptualizing attachment and tapping it as a theoretical construct. This study explores the assessment of attachment in an urban, traumatized sample using both a self-report measure and a clinician-rated prototype evaluation. Participants were recruited from primary care clinics as part of a NIMH-funded study conducted at an inner-city, public hospital serving an economically disadvantaged population. Investigators explored the convergent and divergent validity of the Experience in Close Relationships Questionnaire – Revised (ECR-R, a self-report measure) and the Adult Attachment Prototype Questionnaire (AAPQ, a clinician-rated measure). Multiple assessments measured psychopathology, including self-reported and interview-based PTSD and depressive symptoms. Analyses employed bivariate correlations to define the relationships among measures and hierarchical regressions to assess incremental validity of the different methods of conceptualizing and measuring attachment.

Chronic Stress and Burnout in a National Sample of Urban Teachers

(Abstract # 621)

Poster # F-181 (Commun, Practice)

Atlanta Ballroom

Love, Sean²; Tilahun, Bikat, MA²; Lee, Hanna, MA¹; Yeh, Dow-ann, BA²; Duke, Thomas, BA¹; Eriksson, Cynthia, PhD¹

¹Fuller Grad School of Psychology, Pasadena, California, USA

²Fuller Theological Seminary Graduate School of Psychology, Pasadena, California, USA

Teaching in an urban setting is associated with various stressors, including exposure to community and school violence, lack of resources, and racial tensions. The literature has shown that these factors contribute to high levels of stress and burnout and result in seriously impacted job performance and significant mental health problems. As part of the Risk and Resilience in Urban Ministry project at Fuller Graduate School of Psychology, this study assesses the impact of chronic stressors and burnout on individuals who have a primary teaching responsibility in faith-

based urban ministries. Participants included 284 urban workers in five cities who completed a survey measuring demographics, chronic stressors, and burnout, among other variables. This study assessed levels of chronic stressors and burnout between urban workers who assume a teaching responsibility versus those with non-teaching responsibilities. An analysis of covariance revealed that urban workers who assume a teaching responsibility had significantly higher levels of personal accomplishment, a subscale of burnout. School administrators should consider the impact of stressors and burnout levels in supporting teachers in making policy decisions.

Sexual Assault Characteristics Versus Individual Vulnerabilities: Predicting PTSD Severity

(Abstract # 623)

Poster # F-183 (Clin Res, Assess Dx)

Atlanta Ballroom

Leifker, Feea, MPH; Rothbaum, Barbara, PhD

Emory University School of Medicine, Atlanta, Georgia, USA

Many victims of a sexual assault will develop PTSD. However, there exists little research examining characteristics of the assault and the severity of PTSD symptoms. To fill in those gaps, a secondary analysis on data previously published (Rothbaum et al., 2005) was conducted using baseline measures of individual vulnerability and assault characteristics. Variables showing significant correlations with PTSD severity were entered into regression equations to determine the variance accounted for by each measure. In regard to assault characteristics, PTSD severity correlated with contracting HIV and sustaining a loss of bodily function as a result of the assault. In a regression, the later significantly predicted variance ($R^2 = .127$). Multiple individual characteristics correlated with severity of PTSD and when entered into a stepwise regression the variables created a strong equation ($R^2 = .732$, $p < .001$). Grouping all correlating variables together into one equation resulted in an even higher predictive value ($R^2 = .781$, $p < .001$). The current study illustrates that individual characteristics play a much larger role in predicting PTSD severity. This has far reaching implications for treatment and prevention as targeting these individual vulnerabilities could reduce the severity or even the likelihood of developing PTSD following assault.

The Role of Cultural, Religious, and Spiritual Beliefs in Coping With Political Trauma in Israel

(Abstract # 628)

Poster # F-184 (Civil Ref, Disaster)

Atlanta Ballroom

Konvisser, Zieva, PhD¹; Hammond, Ismaeel, MA²

¹Fielding Graduate University, Orchard Lake, Michigan, USA

²Hebrew University, Department of Social Work, Jerusalem, Israel

The role of cultural, religious, and spiritual beliefs in coping with political trauma is examined in Jewish and Arab Israelis who have experienced suicide bombings, shooting attacks, and rocket attacks in Israel during the Second Intifada and the 2006 Lebanon-Israel Crisis. Jewish-Israeli findings are based on in-depth interviews conducted with 24 Jewish-Israeli survivors of political violence in 2004, with follow-up in 2007, to understand the experience of the attacks, the resulting experience of life

changes that may have occurred, and the meanings ascribed to such events. Quantitative data was also collected in the form of survey results--Demographics, Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1995), Core Belief Inventory (Cann et al., 2007), and Posttraumatic Stress Disorder Symptom Scale (Foa et al., 1993). Arab-Israeli findings are based on in-depth interviews conducted in 2007 with 8 survivors and family members, as well as an Arab-Israeli psychologist and an Arab-Palestinian clinical social worker who share their practical experiences. The participants represent Muslim, Christian, and Druze Arabs, and Secular through Orthodox Jews. The findings provide valuable insights and anecdotal data about the posttraumatic experiences and belief systems of Jewish and Arab Israelis, who were innocent victims of political violence while living their normal lives.

Impact of a Brief Psychoeducational Class on OEF/OIF Veterans With PTSD

(Abstract # 630)

Poster # F-185 (Clin Res)

Atlanta Ballroom

Fisher, Mary, MS; Astin, Millie, PhD; Crowe, Chris, PhD; Bradley, Bekh, PhD

Atlanta VAMC TRP, Atlanta, Georgia, USA

With the surge of recent OEF/OIF veterans seeking services for Posttraumatic Stress Disorder (PTSD), the Trauma Recovery Program at the Atlanta VAMC has developed a three-stage recovery program that consists of: 1) Learning & Coping (Intake, Medication Management, and Education); 2) Healing (Treatment); and 3) Thriving (Post-Treatment Planning). Before entering formal exposure treatment in the second stage, veterans attend a 5 week class on PTSD called PTSD 101. The class includes information on trauma, PTSD, breathing exercises, and sleep hygiene. Veterans also learn the role of triggers, avoidance, and safety behaviors in maintaining PTSD. As veterans begin identifying their own avoidance and safety behaviors, they complete in vivo exposure homework on a few of their less anxiety-provoking triggers. Although designed initially to keep veterans engaged with the program while waiting for treatment to begin, we have discovered that veterans make small, but significant symptom improvements over the course of the class. Preliminary analyses on 27 veterans who participated in the classes reveal significant decreases in pre to post PTSD and depression symptoms ($t(1, 26) = 2.71$, $p < .012$). We will explore possible explanations for these improvements and will discuss implications for treatment of PTSD and related symptoms in veterans.

PTSD Symptom Severity for Interpersonal Traumas, Non-Interpersonal Traumas, and Secondary Exposure

(Abstract # 634)

Poster # F-186 (Assess Dx, Clin Res)

Atlanta Ballroom

Jones, Daniel, BA; Reiland, Sarah, MS; Lauterbach, Dean, PhD;

Eastern Michigan University, Ypsilanti, Michigan, USA

Events vary in their capacity to produce PTSD. According to data from the National Comorbidity Survey, events associated with the highest conditional probability of developing PTSD among men and women include rape, childhood abuse, and combat exposure, whereas events with the lowest rates include natural disasters, automobile accidents, and witnessing the injury or death of

another person (Kessler et al., 1995). These trends suggest that PTSD tends to be most highly associated with direct exposure to interpersonal violence. A sample of 195 university students was used to assess the hypothesis that persons who reported an interpersonal trauma as their worst event would have more severe PTSD symptoms than persons who reported worst events of a non-interpersonal nature or secondary exposure to trauma. In this sample, persons who reported an interpersonal trauma reported more PTSD symptoms than persons who reported a non-interpersonal trauma. This trend only occurred for women, however. Supplemental analyses were conducted to assess the relative predictive capacity of event type when other predictors of PTSD symptoms, such as attributions, were entered into the model. Results of this study indicate that characteristics of an event are relevant predictors of trauma reactions.

Posttraumatic Stress Disorder, Depression, and Anxiety: Differentiating Between DSM-IV and DSM-V

(Abstract # 637)

Poster # F-187 (Assess Dx, Practice)

Atlanta Ballroom

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

¹University of Tulsa, Tulsa, Oklahoma, USA

²Tulsa Police Department, Tulsa, Oklahoma, USA

The modification of posttraumatic stress disorder (PTSD), including removal of criteria related to mood and anxiety, is one change being suggested for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (*DSM-V*) 2. Research suggests that a relationship exists between mood, anxiety, and PTSD1, although alternative research proposes that each relates more to general psychiatric distress and should be regarded separately when considering diagnostic criteria2. This study examined sexual assault survivors meeting a PTSD diagnosis when using *DSM-IV* or suggested *DSM-V* criteria and the relationship of depression and anxiety to either diagnosis, hypothesizing that at a 2-month follow-up fewer survivors would meet the more stringent *DSM-V* diagnosis, but that depression and anxiety would remain related to PTSD. Preliminary analyses of 23 participants suggest that 86.96% met criteria for both diagnoses, but that anxiety and depression were related to *DSM-IV*, not *DSM-V* symptoms. 1.Grant, D.M. Beck, G., Marques, L., Palyo, S.A., & Clapp, J.D. (2008). The structure of distress following trauma: Posttraumatic stress disorder, major depressive disorder, and generalized anxiety disorder. *Journal of Abnormal Psychology*, 117, 662-672. .Spitzer, R.L., First, M.B., & Wakefield, J.C. (2006). Saving PTSD from itself in *DSM-V*. *Journal of Anxiety Disorders*, 21, 233-241.

The Moderational Role of Social Support in Resiliency Following a Residential Fire

(Abstract # 640)

Poster # F-188 (Child, Clin Res)

Atlanta Ballroom

Goel, Kathryn; Jones, Russell, PhD; Ollendick, Thomas, PhD

Virginia Tech University, Blacksburg, Virginia, USA

Social support has been found to moderate the relationship between exposure to a traumatic event and PTSD. Its role in predicting resiliency, however, has not been demonstrated in the trauma literature. In relation to PTSD, the link between exposure has been found to be stronger for those with low levels of social support as compared to high levels of social support. The current study attempted to address the role of social support in moderating the relationship between resource loss and resiliency following a residential fire. It is hypothesized that the link between loss and resiliency will be stronger for those with low levels of support as compared to those with high levels of support. Ratings of loss were obtained using the Resource Loss Scale for Children (RLSC; Jones and Ollendick), and social support ratings were obtained using the Dubow Social Support Scale (DSSS, Dubow). Resiliency ratings were computed using scales from the Child Behavior Checklist (CBCL; Achenbach). Preliminary analyses suggest that social support does not significantly moderate the relationship between loss and resiliency in child although the means are in the expected direction. Future analyses will further examine the role of social support and its relationship to the scales comprising the resiliency measure.

The Use of Peer Based Emotional Support in Working With Traumatically Bereaved Military Families

(Abstract # 642)

Poster # F-189 (Mil Emer, Practice)

Atlanta Ballroom

Harrington LaMorie, Jill, MSW, LSW, ACSW; Carroll, Bonnie

Tragedy Assistance Program for Survivors, Washington, District of Columbia, USA

This survivor panel will address the use of peer based emotional support in working with traumatically bereaved military families. The peer support group movement is arguably both the most exciting and least recognized resource for improving public health in the United States. Approximately 10 million Americans participate in peer support each year, and 25 million have done so in their lifetimes. Peer based emotional support programs address virtually every public and mental health issues. Yet, until The Tragedy Assistance Program for Survivors (T.A.P.S.) was founded in 1994, there was no national peer support program for the thousands who have lost a loved one while serving on active duty in the United States Armed Services. The untimely and traumatic loss of a loved one in young adulthood is considered one of the most severe and disruptive life events with potential for grave enduring effects on the physical and psychological health of survivors. One specific challenge for survivors who have suffered a traumatic loss of a young service member is a limited peer group. Peer support is based on the premise that support is derived from others who have been through a similar experience. A number of researchers have suggested that the perception of supportive relationships buffers the effects of traumatic events and assists survivors in the promotion of hope, resilience, coping.

Combat Veterans and the Criminal Justice System: From Defending Our Liberty to Losing Their Own

(Abstract # 841)

Poster # F-190 (Cul Div, Clin Res)

Atlanta Ballroom

Anderson, Susan, CEO; Wise, Stephanie, ATR-BC, LCAT; Door, Ashley, ATR-BC, LCAT; Nash, Emily, LCAT; O'Hara, Christiane, PhD

ArtReach Foundation, Atlanta, Georgia, USA

Combat veterans return home after experiencing deeply troubling psychological incidents of war and physical injuries. Although this has been true for decades, the OEF and OIF wars are helping to shine a spotlight on a long under-examined area: veterans who come into contact with the criminal justice system. Men and women veterans and troops suffer from multiple mental health problems, substance abuse issues, and traumatic brain injuries resulting from their service to their country. For a general population, any one of these three areas increases the potential for arrest and incarceration; troops and veterans can have all three. A lack of understanding by the players in the criminal justice system can easily exacerbate these problems. PTSD, TBI, and adrenalin overload can mimic what law enforcement personnel may see as behavior problems or ASPD. Identification of military service as early as arrest can facilitate specialized and effective treatment. Mental health providers are in a position to spearhead efforts to educate policy makers and the public, identify and coordinate the fragmented systems currently available, and offer support to veterans and their families. Veterans, family, and friends must be included to round out support systems. This presentation provides an overview of the arc of the criminal justice system, describes current efforts to intervene in that arc, and offers recommended improvements in expanding the effort to assist veterans to avoid "criminal deployment."

The Relation Between Past Experience of Childhood Abuse and Current Interpersonal Violence

(Abstract # 648)

Poster # F-191 (Clin Res, Child)

Atlanta Ballroom

Burleson, Karin, BA; Petretic, Patricia, PhD; Makin-Byrd, Lori, MA; White, Elizabeth, MEd TEP

University of Arkansas, Fayetteville, Arkansas, USA

A link between child maltreatment and later dysfunction in adulthood (i.e., symptomatology and revictimization or perpetration of interpersonal violence) has been established. However, research examining the relation between specific types of child abuse, subsequent adult symptomatic distress, and later abuse victimization or perpetration is limited, as is research on potential mechanisms contributing to the connection between adverse childhood events and later experience or perpetration of interpersonal violence. For this study, approximately 600 participants completed self-report measures of childhood abuse, symptomatic distress (TSI), and adult relational functioning (CTS). Analyses indicate that experience of specific types of childhood abuse (physical, sexual, and emotional) predicts specific types of adult relational dysfunction/abuse (victim or perpetrator status for physical, sexual, and emotional abuse). A particular combination of symptoms of distress, the TSI Self cluster,

predicted both victim and perpetrator status for all types of interpersonal violence. In addition, the TSI Dysphoria cluster was a predictor for sexual violence, both as a perpetrator and a victim. This suggests that specific symptoms of distress may function as a mediator between child maltreatment and subsequent perpetrator or victim status for relationship violence.

The Influence of Stress and Social Support on the Development of PTSD and TBI in OEF/OIF Veterans

(Abstract # 651)

Poster # F-192 (Mil Emer, Practice)

Atlanta Ballroom

Graham, David, MD²; Edwards, Blake, BS¹; Teng, Ellen, PhD²

¹Baylor College of Medicine, Houston, Texas, USA

²Michael E Debakey VA Medical Center, Houston, Texas, USA

PTSD and TBI are considered the signature wounds of the current conflicts in Iraq and Afghanistan. Estimates indicate 17% of OEF/OIF veterans have PTSD and 20% have TBI. Although these two disorders share many symptoms, it is unclear what factors before, during, and after deployment are associated with their presence. This study examined how risks and resiliencies as measured by the DRRI and the AUDIT-C vary among 3 groups of patients: TBI, PTSD, and co-morbid TBI and PTSD. A cross-sectional chart-review was conducted of all returning OEF/OIF veteran's (N=1,742) initial mental health screening between May 2004 and March 2008. Results showed that 43.5% had a diagnosis of TBI only (12.9%), PTSD only (13.5%), or TBI and PTSD (17.1%). Responses to the DRRI indicated that persons with co-morbid PTSD and TBI generally had more severe DRRI scores than the PTSD and TBI only groups ($p < .05$). Specifically, the co-morbid TBI and PTSD group reported higher levels of combat exposure and post-deployment stress, whereas those with TBI only reported having more post-deployment support ($p < .05$). Further, persons with PTSD (with TBI present or absent) showed significantly higher levels of problematic alcohol use than those with TBI only. Implications of these findings will be discussed.

What Does Declarative Memory Tell us About the Hippocampus in PTSD?

(Abstract # 654)

Poster # F-193 (Bio Med, Res Meth)

Atlanta Ballroom

Woodward, Steven, PhD³; Grande, Laura, PhD¹; Kaloupek, Danny, PhD¹; Leskin, Lorraine, PhD²; Kutter, Catherine¹

¹VA Boston Healthcare System, Boston, Massachusetts, USA

²VA Medical Center, White River Junction, Vermont, USA

³VA National Center for PTSD, Palo Alto, California, USA

That the hippocampus contributes to declarative memory is a marquee finding of human neuropsychology. Thus, it is natural to hypothesize that if PTSD patients have smaller hippocampi, and impaired declarative memory, then the two must be related. Strong empirical support for this proposition is lacking in PTSD; however, most studies addressing the question have had limited power. Structural-function correlations were estimated in a relatively large ($n = 95$) sample of US military combat veterans with and without PTSD. Regional brain volumes considered were required to exhibit PTSD group effects and to contribute to declarative memory. These included hippocampal, parahippocampal cortical, and total cortical volumes. Declarative memory measures were also required to exhibit PTSD group

effects and included the Logical Memory subtest of the Wechsler Memory Scale – III and the Rey-Osterrieth Complex figure. The only bivariate relationships exceeding a conservative level of statistical significance after correction for multiple comparisons ($\alpha = .05/80 = 0.000625$) involved ROCFT copy and recall performances. These were positively correlated with volumes of left and right cortices and of left hippocampus. No memory index was nominally correlated with left or right hippocampal volume. LM total learning scores were nominally but not significantly correlated with parahippocampal cortical and left total cortical volumes. Declarative memory performance does not index hippocampal structural compromise in PTSD. Alternative domains of hippocampal function may shed more light on hippocampal status in PTSD.

Psychiatric Comorbidities in OEF/OIF Veterans With Posttraumatic Stress Disorder

(Abstract # 655)

Poster # F-194 (Assess Dx)

Atlanta Ballroom

Teng, Ellen, PhD; Dunn, Nancy Jo, PhD; Bailey, Sara, PhD; Graham, David, MD

Michael E. Debakey VA Medical Center, Houston, Texas, USA

Research with other military populations indicates a high rate of posttraumatic stress disorder (PTSD) and other related problems following deployment. Thus, it is of increasing importance to examine effects of the current conflicts in Iraq and Afghanistan on mental health in military service men and women. The purpose of this descriptive study was to examine the prevalence of Axis I disorders comorbid with PTSD in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans. Veterans who participated in a routine mental health screening from May 2004 to March 2008 were included in the analyses. Database extraction of clinician assessed diagnoses indicated that 71.4% of veterans screened with PTSD were diagnosed with a co-morbid mood disorder; 29% met criteria for having a problem with substance abuse or dependence consisting primarily of alcohol, cocaine, marijuana, and tobacco; 12.6% met diagnostic criteria for panic disorder; and 6.6% were diagnosed with either obsessive compulsive disorder, generalized anxiety disorder, or anxiety disorder NOS. Less than 1% of the screened sample met criteria for a co-morbid psychotic disorder. These results indicate a high rate of comorbidity in the returning veteran population, with depression occurring at an alarmingly high rate in this patient sample. Treatment implications will be discussed.

A Qualitative Analysis of Factors Influencing Help-Seeking Behavior in Returning Veterans With PTSD

(Abstract # 657)

Poster # F-195 (Prev El)

Atlanta Ballroom

Teng, Ellen, PhD; Bailey, Su, PhD; Chaison, Angelic, PhD; Teal, Cayla, PhD; Dunn, Nancy Jo, PhD

Houston VA Medical Center, Houston, Texas, USA

Military personnel returning from deployment in Iraq and Afghanistan have high rates of posttraumatic stress disorder and related anxiety problems. However, few choose to undergo psychosocial treatment with demonstrated effectiveness. Identified barriers to help-seeking include stigma of mental illness, getting time off work for treatment, arranging childcare,

and transportation issues. Although these findings were obtained from a large sample of military personnel who completed an anonymous questionnaire, to date, there has been no known direct evaluation of returning military service men and women who have a psychiatric problem but refuse treatment. In the current study, eleven veterans with PTSD who declined psychosocial treatment participated in key informant interviews designed to assess facilitators and barriers to seeking treatment. An iterative group review process was used to extract and develop thematic codes regarding patients' beliefs, attitudes, and concerns about seeking mental health treatment. Preliminary results offer a conceptual model delineating a complex interplay of intrapersonal, interpersonal, and systemic factors that influences help-seeking behavior. These findings provide direct implications for improving outreach efforts, service delivery methods, and other approaches to engage returning veterans in undergoing effective treatments.

Risk and Resiliency Factors in the Development of Psychiatric Problems Among OEF/OIF Veterans

(Abstract # 658)

Poster # F-196 (Clin Res)

Atlanta Ballroom

Teng, Ellen, PhD; Graham, David, MD; Bailey, Su, PhD; Lanier, Stacey, PhD; Dunn, Nancy Jo, PhD

Michael E. Debakey, VA Medical Center, Houston, Texas, USA

Significant numbers of veterans returning from deployments to Iraq and Afghanistan report experiencing psychological problems (11.3%-19.1%). It is critical to understand the factors that both contribute to the development of psychological problems and those that promote resilience. The purpose of the current study is to investigate potential factors that differentiate OIF/OEF veterans who were exposed to trauma and who have a primary psychiatric diagnosis versus those with no psychiatric diagnosis. A retrospective chart review was conducted spanning a time frame of 3 years for veterans screened in a specialty mental health clinic for PTSD. Veterans who reported experiencing a traumatic event during deployment (N=1,035) were categorized based on presence or absence of an Axis I psychiatric disorder. A Mann-Whitney U test indicated that veterans with an Axis I disorder reported a significantly higher rate of history of physical abuse ($p=.003$) than veterans without an Axis I disorder. No differences emerged on basic demographic variables or experiences of sexual abuse/trauma ($p>.05$). Analysis of variance indicated that certain factors during and after deployment may be related to the subsequent development of psychiatric problems. Logistic regression analyses will be conducted to determine predictors of risk and resilience in the development of psychiatric problems.

The Psychiatrist's Role in Residential PTSD Treatment

(Abstract # 669)

Poster # F-197 (Practice, Commun)

Atlanta Ballroom

Forrester, Jacob, MD

VAMC Cincinnati, Cincinnati, Ohio, USA

There are challenges to the psychiatrist delivering psychopharmacologic treatment in a residential program based in psychotherapy. The task to deliver treatments that are both clinically relevant and evidence-based, is intertwined with the

task to allow therapy to progress. In providing medication which treats PTSD, along with other mental and physical diagnoses, it is important to be mindful of the stage of therapy. In working with complex and challenging patients, medication providers in psychotherapy based milieu may find that they become targets for criticism. This displays the import of a commitment to evidence-based practice and having forum to communicate with the patients and the treatment team on a regular basis. Having regular frequent meetings with patients has improved relations and compliance with treatment. Also, meeting with patients in a group setting has been helpful for me to understand the group dynamic, and gives patients opportunity to view the psychiatrist in a less threatening setting. Finally, the psychiatrist's role is often as liaison with other physicians, to ensure, for the good of the patient, that other specialties are aware of the goals of the residential treatment team.

Pathways to Substance Abuse Among Youth With Trauma Histories: The Mediating Role of Complex PTSD

(Abstract # 670)

Poster # F-198 (Clin Res, Child)

Atlanta Ballroom

Rosenkranz, Susan, MA²; Muller, Robert, PhD, C.Psych²; Henderson, Joanna, PhD¹

¹CAMH, Toronto, Ontario, Canada

²York University, Toronto, Ontario, Canada

Research has established that a strong connection exists between a history of trauma and the development of substance use disorders (SUD); however, few studies have examined the factors accounting for this association, and the small amount of research that has been conducted has largely examined samples of veterans. Youth with trauma histories represent a separate group that is at substantial risk for the development of SUD. The purpose of the current study is to enhance our understanding of the factors underlying the association between trauma and youth SUD. This presentation will examine levels of complex and standard PTSD symptoms among youth with problematic levels of substance use, and will investigate the extent to which these symptoms mediate the association between trauma history and youth SUD. Participants will be 100 youth entering outpatient substance abuse treatment. Upon entry to the program, participants complete a number of self-report questionnaires to collect information on the variables of interest. Data collection is currently in progress. This research is anticipated to have implications for effective treatment for this population. Gaining an understanding of the factors leading these youth to use substances will be invaluable for the development of treatment approaches that address their underlying difficulties.

Preventing, Mitigating, and Alleviating Spiritual Injury Through Lay Pastoral Care Intervention

(Abstract # 672)

Poster # F-199 (Mil Emer, Commun)

Atlanta Ballroom

Wang, Paul, M.Div., PhD²; Wall-Smith, Stephen, M.Div., PhD²; Laura, MA, LPC¹

¹Wheaton College, Lombard, Illinois, USA

²Bar Ilan University, Ramat Gan, Israel

Three to four months after returning from hazardous deployment, 49% of U.S. National Guard troops will develop stress-related mental health problems. Reservists and families lacking access to nearby military resources are especially at risk. HEROES Care Program, a national strategy for combating psychological, moral, and spiritual injury synergizing military and church-based resources (lay pastoral care) is utilized in caring for Missouri National Guards returning from deployment. Method: 50 servicemembers assigned to a Hometown Support Volunteer (HSV - lay pastoral caregiver) were compared to 50 servicemembers without a HSV. Instruments included in the protocol are the HEROES Wellness Assessment, Spiritual Health Inventory, the United Behavioral Health Wellness Scale, PTSD Check list for Military Members (PCL-M) and spouses (PCL-spouse) the Life Innovations Family Satisfaction Scale, the Locke-Wallace Marital Adjustment Test, and the Inventory for Functional Impairment (IFI). The research agenda includes cross-validating the Spiritual Health Inventory with other inventories, determining the degree of correlation between spiritual support and reintegration adjustment, and assessing the effectiveness of the HEROES Care Program in reducing PTSD and depression symptoms as well as improving interpersonal relationships and overall functions.

Prostituted Youth in Northern California: Presentation and Clinical Implications

(Abstract # 673)

Poster # F-200 (Child, Prev El)

Atlanta Ballroom

Budwey, Siobhan, MA; Briscoe-Smith, Allison, PhD

Pacific Graduate School of Psychology, San Francisco, California, USA

There are about 200,000 to 300,000 (arguably underestimated) adolescents who are commercially sexually exploited just in the United States (Estes, 2001) however little is known about these youth and their experiences. Some research discusses mental health implications among this population (Runfola, Budwey, and Briscoe-Smith, 2007; Valera, Sawyer, & Schiraldi, 2001), but the severity of mental health in prostituted youth is believed to be largely underestimated. An innovative program serving these youth transformed their data and found that among 269 prostituted youth in Northern California, 24.5% attempted suicide and 28.6% were hospitalized for a mental health episode. Little is known about the demographics of prostituted youth thus it is important to discuss as a way to inform professionals how to work with these children. Often these youth are treated like criminals (Herzog, 2008; Halter, 2002) rather than victims, which further marginalize this group and make it more difficult to receive necessary services. In the present study 231 (85.9%) of the youth were arrested, and 169 (62.8%) were arrested for solicitation. Other statistics regarding basic demographics, living situation, and other traumas faced by this population will be discussed. The data presented will provide a

wealth of information concerning the overwhelming needs of this population, and guide future programs.

The Biopsychosocial Implications of Trauma Exposure Among African Americans

(Abstract # 674)

Poster # F-201 (Cul Div, Soc Ethic)

Atlanta Ballroom

Elliott, Carrie, MSW

University of Texas at Austin School of Social Work, Austin, Texas, USA

Traumatic experiences are frequently cited as major contributors to adverse outcomes in studies examining the biological, psychological, and/or sociological functioning of African Americans. They have been linked to disruptions in cognitive and neurobiological systems; cited with regard to their co-morbidity with physical and mental illnesses; and documented as a major factor in community disorganization. This presentation will present the findings of a critical literature review regarding the types of traumas that are prevalent within the African American community; the within-group demographic risk factors associated with exposure; and frequently reported outcomes. This presentation will also discuss the limitations of the current theoretical frameworks when it comes to working with ethnic minority communities.

Socio-Cultural Differences in Clinical Outcomes as a Result of Hurricane Katrina

(Abstract # 675)

Poster # F-202 (Disaster, Cul Div)

Atlanta Ballroom

Thompson, Kip, BA; Kloos, Bret, PhD; Flory, Kate, PhD; Hankin, Ben, PhD

University of South Carolina, Columbia, South Carolina, USA

It has been well documented that the survivors of Hurricane Katrina have endured an incredible amount of trauma. After natural disasters, perceptions of oppression can sometimes exacerbate psychiatric distress (Weems, et al, 2007) among non-mainstream populations. The present study sought to understand how exposure to traumatic stressors from Hurricane Katrina might predict scores of depression, anxiety, and PTSD. The researchers will investigate unique experiences of traumatic stress among the diverse groups represented in the current sample. It was hypothesized that minority, female, and low SES status would contribute to higher vulnerabilities to clinical outcomes, and that contextual factors may influence how resilience was expressed. Participants included 208 individuals who had experienced Hurricane Katrina firsthand. Data was collected in Columbia, SC, and in New Orleans, LA. Participants completed a semi-structured qualitative interview and questionnaires measuring several clinical outcomes. The researchers also gathered qualitative data to understand traumatic experiences. It is hypothesized that results will indicate high levels of psychosocial stressors will be related to increased levels of clinical outcomes. In addition, it was expected that results will show varied responses in clinical outcomes unique to ethnicity, gender, and class.

Progress of Disaster Mental Health Care in Japan

(Abstract # 683)

Poster # F-203 (Disaster, Cul Div)

Atlanta Ballroom

Kim, Yoshiharu, MD, PhD; Suzuki, Yuriko, RN; Nakajima, Satomi, MD, PhD

National Center of Neurology and Psychiatry, National Institute of Mental Health, Department of Adult Mental Health, Tokyo, Japan

During this decade, Japan has experienced a number of natural disasters and massive criminality cases, for which strategy of mental health care has been promoted and discussed. Our colleagues in Japan, once confused by the influence of the psychological debriefing, which was said to be useful for preventing PTSD but actually is not, have made the Guideline for Local Mental Health Care Activities after a Disaster [Kim, et al., 2003], distributed nationwide by the Ministry of Health, Labor and Welfare. This puts an emphasis upon careful watching of the victims in the acute phase and recommend care givers to respect natural course of recovery and to refrain from hastened and unproved intervention as a primary or secondary prevention of PTSD. This policy goes in accord with the PTSD guideline issued by the National Institute of Clinical Excellence, but has not been attested in an actual disaster situation. In Niigata Earthquake in 2004 that produced 108000 evacuees, some dozens of mental health support teams assembled in the afflicted areas, but were well organized under the regulation of the Niigata local government, which worked under the authors' supervision. We made a on-site manual of mental health care, according the above policy and did a questionnaire survey of the support teams afterwards, which showed the importance of out-reach activities and re-establishing people.

Frequency of Life Traumatic Events and Their Psychological Impacts in 7-15 Year Old Urban Students

(Abstract # 687)

Poster # F-204 (Child, Clin Res)

Atlanta Ballroom

Shakeri, Jalal, MD; Jaber Ghaderi, Nasrin

Kermansha University of Medicine, Kermanshah, Iran

Introduction: The prevalence of traumatic events among children is quite high. This study examines the frequency of life traumatic events and their psychological impacts in the urban students of Kermanshah in 2006. **Methods:** Using cluster random sampling, 475 primary and secondary students from 17 different schools were selected. The students were aged 7- 15. Every child was interviewed using a Life Incidence Traumatic Events scale, Child Report of Post traumatic Symptoms and Parents Report of Post traumatic Symptoms. **Results:** 57.5% of the participants - girls 33.8% and boys 23.7% experienced at least one traumatic event in their life. Physical abuse a sick person in the family was the most common events coming out at boys 34.1% and girls 30.3%. The corresponding values in girls were 32.4% and 32.8%. PROPS results has shown 40% of girls and 31% of boys scores were greater than the cut off point. The corresponding values for CROPS were 44.5% and 18% for girls and boys. **Discussion:** The scale of the events and their serious negative impacts on the sample call for a professional intervention as well as psychoeducation for the families.

After the Flood: Resilience Among Disaster-Afflicted Adolescents

(Abstract # 690)

Poster # F-206 (Child, Disaster)

Atlanta Ballroom

Uttenvall, Mats, PhD Student; Lundin, Tom, MD, PhD

Uppsala Universitet, Uppsala, Sweden

This study investigated adolescents exposed to a traumatic event by analyzing their narrated experiences. In order to study this, a questionnaire was sent out 14 months after the 2004 tsunami to 10 116 Swedish citizens who had been in the area of the disaster. 4932 responded, of those 293 were in the age range of 16 to 19. Five months later, a number of randomly chosen persons in that age-group were approached to take part in a face to face, semi-structured interview. Ten young men and ten young women were interviewed about their reactions during the tsunami, their life afterwards, their view on media and public authorities, current situation and families. Altogether, this information created a picture of how young people are affected by a traumatic event and their coping-strategies afterwards. The study sample was homogenous regarding family situation and socioeconomic status. The results indicated that adolescents' resilience and coping strategies are different from those of adults, both during and after a traumatic event. The study also suggested that female gender, life threat, loss and physical injuries are indicators for post traumatic psychopathology.

Effectiveness of Manualized Sleep Therapy Group for PTSD-Diagnosed Veterans

(Abstract # 695)

Poster # F-207 (Clin Res)

Atlanta Ballroom

Wilkinson, Charity, PsyD²; Thompson, Karin, PhD¹; Fortenberry, Katherine, M.; Franklin, Laurel, PhD²; S¹; Currier, Joseph, MA¹; Coleman, Rachel, MS¹

¹Memphis VA Medical Center, Memphis, Tennessee, USA

²Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

PTSD-related sleep disturbance is a debilitating problem that negatively impacts veterans' functioning and quality of life. Treatment of sleep disturbance may improve overall functioning and ameliorate PTSD symptoms. The current study examines the preliminary effectiveness of a manualized PTSD Sleep Therapy Group among treatment-seeking, PTSD-diagnosed veterans. Participants (N=41) completed a 6-week PTSD Sleep Therapy Group in either a residential or outpatient setting. Treatment included weekly group sessions utilizing cognitive-behavioral interventions targeting sleep quality and PTSD-related sleep disturbance. Veterans were assessed at sessions 1 and 6 using the PSQI and PCL-M. Data were analyzed using repeated measures ANOVAs and effect sizes were computed with eta². Significant results indicate improvement in PTSD symptoms, sleep latency, sleep quality, PTSD sleep disturbance, and daytime dysfunction. Treatment modality (residential versus outpatient) was examined as a potential confound and results suggest symptoms improved regardless of modality ($p<.00$; $\eta^2 = .46$). This is the first study examining a manualized group treatment for PTSD-related sleep disturbance in veterans. While the study is limited by sample size and lack of control group, results suggest treatment for PTSD-related sleep disturbance is associated with improvement in PTSD symptoms and sleep quality.

Grady Nia Project: A Culturally Competent Intervention for Abused, Suicidal African-American Women

(Abstract # 697)

Poster # F-208 (Clin Res, Cul Div)

Atlanta Ballroom

Patel, Meghna, PhD²; Zimmerman, Lindsey, MA¹; Green, Brandeis, MA¹

¹Georgia State University, Atlanta, Georgia, USA

²Emory University, Atlanta, Georgia, USA

The Grady Nia project started in the early 1990s and has served almost 500 suicidal and abused African American women in a large urban hospital in Atlanta, Georgia. The project is a unique intervention because it targets both suicidal and abusive behavior. Intimate partner violence (IPV) more than doubles the risk of suicide attempts in African American women (Stark & Flitcraft, 1996). Nia is also a culturally competent intervention that is guided by the Theory of Triadic Influence (TTI). TTI describes three streams of influence, which can be risk and protective factors that are viewed as the ultimate causes of human behavior: (1) intrapersonal, (2) social and situational, and (3) cultural and environmental. Nia incorporates constructs from Afrocentric theory to empower women and is guided by Black feminism/womanism. Sessions target reducing and enhancing intrapersonal, social, situational, and cultural and environmental risk and protective factors. Results indicated that only 13% of the Nia women attempted suicide within the year following their enrollment in the program. Findings also suggest that the Nia project enabled the women to more effectively cope with stress and not evidence as much psychological distress in response to IPV. Clinical implications are also discussed.

Differential Symptom Presentation in Sexually Abused Children: PTSD vs. ADHD

(Abstract # 698)

Poster # F-209 (Child, Clin Res)

Atlanta Ballroom

Stewart, Lindsay, MA; Faust, Jan, PhD; Salter, Sara, MS; Brosbe, Micah, BA; Hoefling, Katie, MS

Nova Southeastern University, Fort Lauderdale, Florida, USA

This study included 88 children (25 males, 63 females, Mean Age=11.26) with documented histories of sexual abuse. All subjects were classified into two groups: children meeting criteria for posttraumatic stress disorder ("PTSD Only" group, N=72) and children meeting criteria for both PTSD and a subtype of Attention Deficit Hyperactivity Disorder (ADHD, "Combined PTSD/ADHD" group, N=16). The child's non-offending, female caregiver completed the Child Behavior Checklist and provided demographic information. Results indicated the two groups did not significantly differ on the internalizing and externalizing CBCL scales ($F=2.14$, $p=.12$). However, results of a second MANOVA indicated significant differences existed between the PTSD Only and the Combined PTSD/ADHD groups on CBCL subscales ($F=2.95$, $p=.006$). Pairwise comparisons indicated the two groups of children did not significantly differ on subscales assessing anxiety, withdrawal behaviors, somatic complaints, thought problems, or delinquency. However, sexually abused children in the Combined PTSD/ADHD group evidenced significantly greater difficulties in the areas of social problems, attention, and aggression, when compared to sexually abused children in the PTSD Only group. This study has important implications for the

clinical manifestation of trauma in children, and the differential diagnosis of sexually abused children.

Emotion Regulation and Emotion Recognition Deficits: Mechanisms in the Relationship Between Posttraumatic Cognitions and Intimate Partner Violence Perpetration

(Abstract # 701)

Poster # F-210 (Child, Res Meth)

Atlanta Ballroom

Marshall, Amy, PhD; Robinson, Lara, PhD, MPH; Azar, Sandra, PhD

Penn State University, University Park, Pennsylvania, USA

Early exposure to trauma is frequently associated with subsequent intimate partner violence (IPV) perpetration (Dutton, 1998). Given the role of cognition in posttraumatic sequelae (Ehlers & Clark, 2000) and IPV perpetration (Holtzworth-Munroe, 2000), we examined the relationship between maladaptive posttraumatic cognitions and IPV perpetration in a sample of late adolescence trauma survivors currently in dating relationships ($N = 182$). Because emotion regulation and emotion recognition deficits are functionally associated with trauma (Pollak et al., 2000; van der Kolk et al., 1993) and aggression perpetration (Marshall & Holtzworth-Munroe, under review; Tull et al., 2007), we examined these variables as mechanisms accounting for the expected relationship between maladaptive posttraumatic cognitions and IPV perpetration. Study measures included the Traumatic Life Events Questionnaire (Kubany et al., 2000), Posttraumatic Cognitions Inventory (Foa et al., 1999), Inventory of Altered Self Capacities (Briere, 2000), Aprosodia Battery (Orbelo et al., 2005), and Revised Conflict Tactics Scale (Straus et al., 1996). As expected, emotion dysregulation and biased detection of anger fully mediated the relationship between posttraumatic cognitions and psychological aggression perpetration, as well as physical aggression perpetration. No significant differences were found across genders.

The World Assumptions Questionnaire: Developing a Measure of the Assumptive World

(Abstract # 702)

Poster # F-211 (Assess Dx, Res Meth)

Atlanta Ballroom

Kaler, Matthew, PhD Candidate; Frazier, Patricia, PhD; Anders, Samantha

University of Minnesota, Minneapolis, Minnesota, USA

Several theorists have proposed that the shattering of trauma survivors' core beliefs is central to their post-trauma adaptation. In fact, that traumatic life events shatter survivors' basic assumptions about the world is a truism in the trauma literature. However, data testing this hypothesis provide a mixed picture. Recent evidence suggests this might be due to limitations in the psychometric qualities of the World Assumptions Scale (WAS; Janoff-Bulman, 1989), the most commonly used measure of core assumptions. Thus, the purpose of the present studies was to develop a psychometrically sound measure – the World Assumptions Questionnaire (WAQ). First, qualitative data were gathered from trauma survivors, undergraduates, and trauma

researchers and clinicians to inform item generation and assess content validity of items. Second, the factor structure of the WAQ was examined using exploratory factor analysis in a sample of 236 undergraduates. Finally, the structural validity, construct validity, temporal stability, and internal-consistency reliability of the WAQ were evaluated in a sample of 312 undergraduates. Results showed that the WAQ evidenced greater temporal stability, closer adherence to hypothesized factor structure, and stronger evidence for construct validity than the WAS. Potential uses for the WAQ and implications for trauma research and practice are discussed.

Substance Abuse in Inner City Primary Care Patients Assessed by the KMSK

(Abstract # 708)

Poster # F-212 (Assess Dx, Res Meth)

Atlanta Ballroom

Tang, Yi-lang, MD, PhD

Emory University, Atlanta, Georgia, USA

Background: This study examined the relationship of such events to substance use in an inner city primary-care clinic population. **Method:** The primary outcome measure was severity of adult post-traumatic stress disorder (PTSD) symptoms, as measured with the modified PTSD Symptom Scale (MPSS). Independent factors included in the analyses were adult trauma and childhood abuse. Substance use was assessed using the Kreek-McHugh-Schluger-Kellogg Scale (KMSK). **Results:** The sample was predominantly African-American (92%), female (60.9%), with mean age (\pm SD) of 43 ± 13 yrs. Substance use disorders were common in this sample, with the rate of alcohol, cocaine, and opiate dependence being 41.1% (189/451), 32.4% (142/443), and 4.8% (21/439) respectively. 139 of 418 participants (33.3%) met diagnostic criteria for PTSD based on MPSS cutoffs. Significant difference in rate of cocaine dependence was observed between subjects with and without PTSD ($p=0.006$), but not for other substance-use disorders. However, the KMSK total scores for cocaine, tobacco, and heroin use correlated significantly with the total types of trauma experienced ($r=.164-.235$, all $p < 0.01$). **Conclusions:** Substance use problems are higher than in the general population. While substance abuse severity associates with trauma experience and stress events, PTSD only associated with cocaine dependence in this population.

The OSISS Program: The Peer Support Training Model

(Abstract # 710)

Poster # F-213 (Media Ed, Commun)

Atlanta Ballroom

Cargnello, Juank, MPS

Veterans Affairs, Canada, Ste-Anne-de-Bellevue, Québec, Canada

In 2002, the Departments of National Defense and Veterans Affairs Canada jointly launched the Operational Stress Injury Social Support (OSISS) program to provide peer support services to serving and retired military members and their families. An emerging best practice in mental health, peer support has become recognized as an invaluable and effective adjunct in the continuum of comprehensive clinical services for individuals suffering from operational stress injuries (i.e., PTSD and related conditions). This presentation will review the developments and evolution of the OSISS basic peer-helper training model to date. The main themes and core contents of the training

curriculum proper are described, including the experiential learning with active participation and role-playing exercises that are most often encountered in peer-support work. The process to develop training program evaluation measures will also be elaborated. Given the paucity of peer support training models in the field of operational stress and the growing interest in peer-to-peer support services, this presentation is timely, providing participants with the essential information required to establish and organize a peer support training program.

The Natural Course of Post-Traumatic Stress Symptoms in Three Soldiers Deployed to Iraq

(Abstract # 717)

Poster # F-215 [Mil Emer, Assess Dx] **Atlanta Ballroom**

Widner, Gregory, MSW; Price, Rumi, PhD, MPE

Washington University School of Medicine, St. Louis, Missouri, USA

We present three soldiers' prospective reports of pre-deployment traumatic events, combat-related experiences during deployment, and corresponding PTSD symptom development. The case reports were obtained as part of a pilot study conducted at Washington University School of Medicine from 2005 through 2008 with full approval from the University's Institutional Review Board (IRB). We chose these three soldiers, all male, who were deployed to Iraq because the relevant data are most complete and they show similarities and individual variations that are informative in understanding the natural course of PTSD. Pre-deployment assessments were administered an average of 3.4 months before deployment while post-deployment assessments occurred an average of 4 months after returning from deployment. All three soldiers reported more post-battle events than combat experiences, per se. Two of them did not have any PTSD symptom at pre-deployment. All three reported PTSD symptoms were worst in the month returning from Iraq but the symptom level decreased beginning 2-3 months after deployment. We did not find a consistent pattern of association of neurocognitive batteries and cortisol levels with PTSD symptoms. The three soldiers sought varying degrees of professional and informal help for their PTSD symptoms after deployment.

Trauma Exposure and PTSD Symptom Structure in Impoverished African American Women

(Abstract # 720)

Poster # F-216 [Cul Div] **Atlanta Ballroom**

Nugent, Natalie, BS¹; Porcerelli, John, PhD, ABPP²; McSweeney, Lauren, BA¹; Lauterbach, Dean, PhD¹

¹Eastern Michigan University, Ypsilanti, Michigan, USA

²Wayne State University, Detroit, Michigan, USA

There is a considerable body of literature indicating that African American women are at high risk for exposure to traumatic experiences. However, to date there are few empirical studies examining the phenomenology of PTSD in a sample of impoverished African American women. The current study will present data on the prevalence of trauma exposure, severity of PTSD symptoms, and factor structure of PTSD in a sample of 110 impoverished, predominantly African American women (89.1%) living in a large, Midwestern city. The majority of the participants

(84.5%) had a combined familial income of less than \$19,999 per year. Results indicated that 91.8% of the participants had experienced at least one significant trauma with 7.1% of those individuals meeting criteria for a presumptive PTSD diagnosis. Participants endorsed a variety of traumatic experiences including child sexual abuse (38%), rape as an adult (26%), and physical abuse as an adult (53%). Additionally, findings from an exploratory factor analysis yielded a three-factor solution, consistent with the *DSM-IV* conceptualization of PTSD.

CTTS Family Group Therapy for Bhutanese Torture Survivors

(Abstract # 721)

Poster # F-217 [Disaster, Civil Ref]

Atlanta Ballroom

Wasim, Fatima, MS, NCC; Ahmed, Asha, PhD

CTTS, Decatur, Georgia, USA

The goals of the group (6-8 families) are: a) to give members a safe place to gather and to talk about their concerns, their stories, including their recovery from torture, b) to assist in the cultural in the socio-cultural adjustment, c) to increase members' feelings of personal empowerment and mastery in various aspects of their lives, d) to diminish symptoms of PTSD, anxiety and depression, and e) to form a social organization that help continuation of personal and community healing and advocacy. However, the focus in the first stage switches to survival issues, as new added traumatic stress, considering the dire economic situation in US, at the time. The therapeutic techniques implemented at this stage are: developing assertiveness training, problem solving skills, using humor, laughter and other skills, e.g., journaling, making to do lists, etc. Clients are encouraged to share their story but they are not forced to. Most of the members are interested in discussing religious topics. They are also interested in discussing the politics of Nepal and Bhutan as noted one time, a member who was very quiet in all sessions, spoke up for the first time about politics and gave his opinion.

Barriers to Mental Health Care in Recent Injury-Related Trauma Survivors

(Abstract # 727)

Poster # F-218 [Prev El, Practice]

Atlanta Ballroom

Kuhn, Eric, PhD²; Ruzeck, Josef, PhD⁴; Cordova, Matthew, PhD¹; Kurita, Keiko, BS³; Sherck, John, MD²

¹Santa Clara Valley Medica, San Jose, California, USA

²University of Southern California, Los Angeles, California, USA

³VA Northern California Healthcare System, Martinez, California, USA

⁴VA Palo Alto HCS, Menlo Park, California, USA

Many injury-related trauma survivors consequently develop mental health problems. Fortunately, effective treatments exist for these problems. However, few trauma survivors in need seek services. Little is known about why this is the case. Extant research on military samples and male violence victims documents perceived stigma and practical obstacles as important factors. However, research with recent injury-related trauma survivors is lacking. To address this, 45 patients admitted to a Level 1 trauma center were recruited for a telephone survey after discharge (~ 2-weeks post trauma). Of these, 31 completed the survey. Approximately half of the sample reported moderate (29%) to severe (16%) PTSD symptoms. Barriers to seeking care included: not being sure where to find help, not having transportation, not

thinking symptoms required help, and a belief that they could handle it on their own. In general, participants reported favorable attitudes about receiving mental health treatment, including positive beliefs about the effects of treatment and benefits of talking about their trauma. These findings suggest that recent injury-related trauma survivors should be given practical information about how to find help and transportation to care as well as how to recognize if symptoms are exceeding their capacity to manage and require professional care.

Role of Adult Attachment in the Experience of Trauma Among Survivors of Early Interpersonal Abuse

(Abstract # 730)

Poster # F-219 (Soc Ethic, Clin Res)

Atlanta Ballroom

Earls, Lauren, MS¹; Huth-Bocks, Alissa, PhD¹; Muzik, Maria, MD²

¹Eastern Michigan University, Ypsilanti, Michigan, USA

²University of Michigan, Ann Arbor, Michigan, USA

Only a few studies in the adult attachment and trauma literatures have established links between the experience of early interpersonal trauma, adult attachment dimensions, and trauma symptomatology. This study examines the relationship between early interpersonal trauma including childhood emotional, physical, and sexual abuse, and childhood emotional and physical neglect, the adult romantic attachment dimensions of anxiety and avoidance, and several components of Complex PTSD/Disorders of Extreme Stress (CP/DESNOS). More specifically, some of the sequelae of survivors of prolonged and repeated interpersonal trauma will be examined including dissociation, distorted cognitions, shame, despair, and hopelessness. It is hypothesized that adult romantic attachment will moderate the relationship between early interpersonal trauma and acquisition of CP/DESNOS sequelae, such that a stronger association between early trauma and later trauma sequelae will be found for women with insecure attachment. Participants include a diverse clinical sample of 100 postpartum women between the ages of 18-39 years ($M = 29$; $SD = 5.3$) with and without interpersonal trauma histories. Results from this study will add to the literature by further clarifying these relationships, and by illuminating some of the CP/DESNOS trauma sequelae manifested by postpartum women.

The Impact of Vocational Rehabilitation for Mentally Ill Veterans

(Abstract # 732)

Poster # F-220 (Clin Res, Res Meth)

Atlanta Ballroom

Blackburn, Laura, BS¹; Parker, Pamela, MD³; Riley, Allen¹; Perry, Bonita, MS¹; Blansett, Catherine, PhD²; Leon, Andrew, PhD²; Debring, Charles, PhD; Davis, Lori, PhD¹

¹Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, USA

²Weill Cornell Medical College, NY, New York, USA

³Birmingham VA Medical Center, Birmingham, Alabama, USA

Objective: To describe methods and preliminary baseline results of a study of the impact of supported employment (SE) compared to standard vocational rehabilitation (VR) for veterans with posttraumatic stress disorder (PTSD). Methods: This randomized study evaluates the impact of SE compared to VR on occupational, sobriety, psychiatric, quality of life outcomes and health care costs for veterans with chronic PTSD who enter the Tuscaloosa VA Medical Center's (TVAMC) vocational rehabilitation

program. We examine SE vs. VR outcomes in terms of obtaining and maintaining competitive employment, sobriety, psychiatric symptoms, and health, quality of life, and plan a moderator analysis to determine whether transportation, financial status, housing, and family care burden at baseline moderate outcomes. Findings: Data is still being collected and randomization will conclude on April 1, 2009. As of March 17, 2009: 97 enrolled; 81 randomized (VR=40, SE=41); 38 completed; 14 exited¹ lost to follow-up; 29 active (16=SE, VR=13). We will present methods, differential elements of SE and VR implementation and delivery, and baseline data of this study. Significance: Understanding the methods, outcomes and impact of SE vs. VR will lead to better occupational recovery and delivery of services for veterans with chronic PTSD.

Predictors of PTSD Symptoms in Impoverished African American Women

(Abstract # 734)

Poster # F-221 (Disaster, Cul Div)

Atlanta Ballroom

McSweeney, Lauren, BA¹; Lauterbach, Dean, PhD¹; Nugent, Natalie, BS¹; Porcerelli, John, PhD, ABPP²

¹Eastern Michigan University, Ypsilanti, Michigan, USA

²Wayne State University, Detroit, Michigan, USA

Research indicates that poverty and a history of abuse are related to the development of posttraumatic stress disorder (PTSD), particularly in women. Unfortunately, African American women have been drastically underrepresented in studies examining the relative contribution of abuse history and economic status on the development of PTSD. To understand this relationship, 110 African American women completed surveys that assessed psychosocial variables, the degree of exposure to traumatic stressors, and PTSD symptoms. Hierarchical multiple regression was used to assess the ability of three continuous control variables (marital status, insurance, and employment) to predict levels of PTSD symptoms after controlling for duration of childhood abuse, ethnicity, income, education, number of times abused, and age at abuse. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity. Duration of childhood abuse, ethnicity, income, education, number of times abused and age at abuse were entered at Step 1, explaining 44% of the variance in PTSD symptoms. After entry of marital status, insurance and employment at Step 2 the total variance explained by the model was 52%. In the final model, two variables were statistically significant predictors of PTSD symptom severity, employment and duration of abuse.

Combat Exposure and Military Sexual Harassment Among Female Soldiers: A Post-Deployment Pilot Study

(Abstract # 735)

Poster # F-222 (Mil Emer, Cul Div)

Atlanta Ballroom

Grubbs, Kathleen, MA¹; Dutra, Lissa, PhD¹; Greene, Carolyn, PhD^{1,2}; McCartin, Tamarin, MD³; Trego, Laurie, PhD⁴; Morland, Leslie, PsyD¹

¹National Center for PTSD, Honolulu, Hawaii, USA

²National Center for PTSD, Menlo Park, California, USA

³Tripler Army Medical Center Nursing Research Services, Tripler AMC, Hawaii, USA

⁴Tripler Army Medical Center, Department of OBGYN, Tripler, AMC, Hawaii, USA

This pilot study examined rates of OIF combat exposure and military sexual harassment in a sample of 55 active duty Army females interviewed post-deployment. Associations between deployment stressors and PTSD symptoms were explored. Participants completed relevant scales of the Deployment Risk and Resilience Inventory (DRRI) and the Primary Care PTSD Screen. A majority of the sample endorsed combat exposure (66.7%), military sexual harassment (58.2%) or both stressors (49.1%). Eleven percent of the sample was identified as being at high risk for a PTSD diagnosis and almost one quarter (23.6%) of the sample endorsed a sub-clinical level of symptoms. Military sexual harassment was associated with total score on the PTSD screen and, more specifically, with the avoidance and detachment/numbing symptom clusters. Despite a relatively high endorsement rate, combat exposure was not significantly associated with PTSD. These findings suggest that female soldiers may be exposed to a variety of stressors during deployment and that they appear to be at high risk for experiencing PTSD symptoms during the first few weeks of the post-deployment period. Findings also suggest that military sexual harassment may be strongly associated with PTSD symptoms for female soldiers, given its robust effect in this pilot study.

Perception of Abuse Severity Predicts PTSD Risk and HPA Function

(Abstract # 736)

Poster # F-223 (Assess Dx, Bio Med)

Atlanta Ballroom

Phifer, Justine, BA; Sands, Lauren, BA; Bradley, Bekh, PhD; Ressler, Kerry, MD, PhD; Weiss, Tamara, MD

Emory University, Atlanta, Georgia, USA

Child abuse has been associated with PTSD and HPA abnormalities, but sequelae do not develop in all trauma-exposed individuals. Interpretation of events may influence risk versus resilience following trauma. Given the same childhood experiences, people may answer questions about child abuse differently. We compared an abuse measure asking if subjects believe they were abused with one using specific, behavioral descriptions of experiences to determine whether interpretation of abuse history was associated with PTSD and HPA function. Participants (N=176) completed the Childhood Trauma Questionnaire (CTQ), the Early Trauma Inventory, and a dexamethasone suppression test (DST) to assess HPA function. Subjects reporting moderate/severe abuse on one abuse scale but not the other were coded as discordant. Discordance generally occurred when specific, behavioral classifications indicated moderate/severe abuse while CTQ responses were at

or below the mild abuse level. Discordant reports of physical and emotional abuse were both associated with increased lifetime PTSD ($p < .05$). Participants with discordant classifications exhibited a pattern of cortisol non-suppression ($p < .05$) and ACTH hypersuppression ($p < .05$) in response to DST. Interpretation of childhood trauma may influence HPA function and risk for PTSD. Relevance to understanding the trauma-related neurobiology will be discussed.

Attachment, PTSD, and Parent-Child Relationship Quality: A Mediational Model

(Abstract # 739)

Poster # F-224 (Clin Res, Child)

Atlanta Ballroom

Lauterbach, Dean, PhD; Konyndyk, Shannon, BA; McSweeney, Lauren, BA, Calvert, Maegan

Eastern Michigan University, Ypsilanti, Michigan, USA

Attachment style develops early in life and is a template for how people relate to others, including their children. The current study examines the potential for PTSD to mediate the relationship between parental attachment and relationships with children using two population surveys, the National Comorbidity Survey (NCS) and the recent replication (NCS-R). PTSD did not mediate the relationship between attachment style and parent-child relationship quality. Across both data sets, attachment style had a direct effect on PTSD diagnosis. There was a significant direct effect of insecure/resistant attachment on parent-child relationship quality across both data sets. Findings regarding the relationship between PTSD diagnosis and parent-child relationship quality were inconsistent across the data sets. PTSD was significantly predictive of parent-child relationship quality in the NCS, but not the NCS-R. Similar inconsistent results were found for the relationship between attachment style and parent-child relationship quality. For the NCS there was a significant relationship between secure attachment and parent-child relationship quality and for the NCS-R, there was a significant relationship between insecure/avoidant attachment and parent-child relationship quality. Additional mediational models will be presented examining the role of marital quality and work-related stress.

Dimensional Analysis of Protective Factors and Suicidality Among Combat Vietnam Veterans

(Abstract # 740)

Poster # F-225 (Clin Res, Res Meth)

Atlanta Ballroom

Price, Rumi, PhD, MPE; Widner, Gregory, MSW; True, William, PhD, MPH; Matthieu, Monica, PhD

Washington University, St. Louis, Missouri, USA

Combat veterans are at higher risk of suicidality. Among service members and veterans of the current Iraq and Afghanistan conflicts, the risk of completed suicide appears to be higher than the civilian counterpart. Compared to accumulating knowledge in the role of risk factors for suicidality, less is known about complex interactive relationships of protective factors affecting episodic suicidality. A cohort of Vietnam theater veterans and comparison nonveterans were followed up over 30 years (1972 baseline total N=1,227). The data from the most recent assessment on selected veterans (2002-2006; n=418) included sections assessing the worst suicidal episode and veterans' own

reasoning of their coping and other conceptual domains. Based on the three axes (time, method of coping, successful/failure to cope), over 50 "individual" codes were created which were then aggregated to 7 "domain" codes for subsequent linguistic analyses. We used multidimensional scaling (MDS) and logistic regression analyses. Results so far show that the two MDS dimensions are non-linearly associated with the probability of suicidal episode. The two dimensions are differentially attributable to positive functioning, positive support, and negative substance use. Regression analysis using survey-based measures indicate that hopelessness and positive coping are predictive of the two dimensions.

Religious Coping in the Aftermath of the Forced Relocation From the Gaza Strip

(Abstract # 744)

Poster # F-226 (Civil Ref, Assess Dx)

Atlanta Ballroom

Tuval-Mashiach, Rivka, PhD; Dekel, Rachel, PhD

Bar Ilan University, Department of Psychology, Ramat Gan, Israel

The contribution of religious beliefs to wellbeing and adjustment following stressful events is well established, however the nature of the religious coping process needs to be clarified and understood. The current study analyzed narratives of former residents of the Gaza strip, all of whom self identified as being religious, six months following their forced relocation. 250 subjects (67% women) completed a semi-structured narrative questionnaire, in which they described their coping with the relocation, the changes it created in their lives, and the meaning they attached to the relocation. Three types of religious coping were identified in the narratives: "Foreclosed", those who did not experience any crisis in their religious beliefs, "still in conflict" those who were still confronting crisis and doubt in their beliefs and "achievers", those who coped with a religious crisis and strengthened their religious beliefs as a result. The findings revealed that in the early stages following a shared trauma, there is a shattering of beliefs and meaning system in a large proportion of this religious sample. Different patterns of coping were identified, highlighting the need to further study the factors involved in each coping pattern. Implications for intervention will be discussed.

Psychophysiological Arousal Associated with PTSD and Peritraumatic Dissociation in a DV Cohort

(Abstract # 750)

Poster # F-227 (Bio Med, Assess Dx)

Atlanta Ballroom

Borkowski, Kimberly, MA²; Griffin, Michael, PhD²; Resick, Patricia, PhD^{1,3}

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

²University of Missouri St Louis, St Louis, Missouri, USA

³Boston University, Boston, Massachusetts, USA

PTSD has been strongly associated with increased psychophysiological arousal. However, conflicting evidence for the effects of peritraumatic dissociation (PD) on psychophysiological reactivity has been reported. The current study examines the psychophysiological response of female victims of domestic violence (DV) (N = 74) during free recall for the DV traumatic event compared to baseline physiological levels.

PTSD symptoms were assessed using the CAPS and PD was measured using the PDEQ. We predicted both PTSD and low PD would be associated with increased psychophysiological response measured by heart-rate change between the recollection of the traumatic event and baseline. Results support previous findings of a positive correlation between CAPS total score and PD ($r = .35, p = .004$). However, the high PD group showed significantly lower HR change than the low PD group ($F = 4.51, p = .043$). Regardless of dissociation status, heart-rate changes were significant greater in the PTSD group compared to no PTSD ($F = 4.03, p = .05$). To our knowledge these are the first data focusing on PTSD psychophysiological reactivity and PD in a domestic violence cohort. Results support previous findings for increased psychophysiological reactivity in Ss with PTSD and decreased arousal in high PD trauma survivors.

The Model of the VA PTSD Mentoring Program

(Abstract # 405)

Poster # F-229 (Practice)

Atlanta Ballroom

Bernardy, Nancy, PhD¹; Hamblen, Jessica, PhD¹; Ruzeck, Josef, PhD³; Friedman, Matthew, MD, PhD¹; McFall, Miles, PhD²

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

²VA Palo Alto Health Care System, Menlo Park, California, USA

³VA Puget Sound Health Care System, Seattle, Washington, USA

The Department of Veterans Affairs has funded major increases in mental health programs nationwide to meet the growing need for treatment of stress-related disorders among both new and older veterans. To meet the demands, a PTSD Mentoring Program was developed to provide directors of PTSD programs with training in management skills to ensure implementation of best administrative and clinical practices of care for veterans. The program was organized within VA by region with 44 mentors (2 from each) identified as "experts" in program development and administration. They participate in conference calls that address specific topics designed to promote specific best practice support and then pass the information on down to "mentees." A crucial component is a website that has resources for clinicians, discussion forums, and has created an online community for the clinicians to research questions and find assistance. The PTSD Mentoring Program has rapidly grown and become recognized as a model for training and support within the VA. It now offers continuity at a crucial time when the VA is working to standardize its mental health offerings so that a veteran knows he or she will receive the best available treatments in any facility they visit.

Emotion Regulation Difficulties in Females With PTSD

(Abstract # 412)

Poster # F-230 (Assess Dx, Clin Res)

Atlanta Ballroom

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

Northern Illinois University, DeKalb, Illinois, USA

Emotion regulation abilities have been posited as one factor contributing to the development and maintenance of PTSD. The present study used a between groups design (PTSD: n = 119; Non-PTSD: n = 913) with female Introductory Psychology students to examine emotion regulation difficulties in PTSD as measured by the Difficulties in Emotion Regulation Scale

(DERS). It was predicted that individuals in the PTSD group would have significantly greater difficulties in regulating emotion; further, difficulties in regulating emotion were expected to distinguish between those with and without PTSD. It was also of interest to examine whether group status predicted emotion regulation difficulties above and beyond the effects of experiential avoidance. As expected, individuals in the PTSD group had significantly greater difficulties regulating emotion. The only DERS subscale lacking the ability to discriminate between PTSD and Non-PTSD individuals was the "lack of awareness of emotions" subscale. The "limited access to strategies for regulation" DERS subscale was the strongest predictor of group membership. The DERS subscales correctly predicted the PTSD status of 88.2% of participants. Predicted group membership was significantly better than chance separation. The main effect of PTSD status in predicting the DERS subscale composite remained significant when accounting for experiential avoidance.

Gun Possession and Incarcerated Youth: Implications for Rehabilitation

(Abstract # 495)

Poster # F-231 (Child, Soc Ethic)

Atlanta Ballroom

Dierkhising, Carly, MA¹; Sumalpong, Pilar, MA³; Foy, David, PhD²

¹Pacific Palisades, California, USA

²Pepperdine University, Encino, California, USA

³UCSB, Ventura, California, USA

In our study 60% of incarcerated male youth indicated that they plan to own a gun in the future. To reduce recidivism and promote gang disaffiliation, rehabilitation efforts should address youth's future plans of gang involvement and gun ownership. Though incarcerated youth show uniformly high rates of community violence exposure, there exists more variability among PTSD severity, parental monitoring, and gun ownership. Our study examined the interrelationships between community violence, PTSD, parental monitoring, gang involvement, and gun ownership in our sample of fifty randomly selected incarcerated male youth. ANOVA revealed that the only significant difference between youth who plan to possess guns in the future and youth who do not is their degree of gang involvement. Additionally, a chi-square analysis revealed significant relationships between intent of future gang involvement and future intent to possess firearms, with 83% of gang involved youth reporting intentions of future gun possession. It is thought that in efforts to cope with ongoing community violence and victimization youth turn to gangs and guns for protection. Implications for the treatment of juvenile offenders will be discussed as it relates to interventions that reduce gang involvement and gun accessibility.

Student Knowledge and Concerns About Dissociation & Dissociative Identity Disorder

(Abstract # 507)

Poster # F-232 (Media Ed, Practice)

Atlanta Ballroom

Demaria, Thomas, PhD²; Engel, Emily, MS¹

¹LI University C.W. Post, Oceanside, New York, USA

²University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

Training in post traumatic stress disorder and disaster mental health is now included in many graduate school courses. In depth education about clinical dissociation and dissociative identity disorder (DID), however, is not a regular component

of many curricula. The present study presents information collected from a sample of doctoral level psychology graduate students before an advanced workshop on dissociation was provided. Questions about their knowledge about dissociation were derived from course content and information provided on the SIDRAN Foundation and International Society for the Study of Trauma and Dissociation websites. Additional questions were included to assess graduate student prior clinical and personal experiences with dissociation and their concerns in working with clients with this disorder. Results indicated that prior to the workshop, students possessed limited comfort with working with clinical dissociation and DID. After the training, knowledge of dissociation increased significantly, as did comfort working with clinical dissociation. Even after the course, however, comfort levels were relatively low, indicating that further training in the area is necessary. Possible reasons for this hesitancy are explored. Implications for future clinical training and research are discussed.

VA Substance Treatment May Not Fulfill the Needs of Ethnically Diverse Veterans With PTSD

(Abstract # 561)

Poster # F-233 (Cul Div, Clin Res)

Atlanta Ballroom

Sweeton, Jennifer, MA¹; Tiet, Quyen, PhD; Penner, Allison, MS¹; Greene, Carolyn, PhD¹; Fitt, Julie, BS, BA^{1,2}; Frank, Jordan, PhD Candidate²; Rosen, Craig, PhD²; Tran, Christy²

¹National Center for PTSD/Palo Alto VAHCS, Menlo Park, California, USA

²VA Palo Alto HCS/Stanford University & CSPP at Alliant International University, Menlo Park, California, USA

Individuals with PTSD often suffer from substance use disorders (SUD's), which can exacerbate PTSD symptoms. Also, ethnic minorities often have less access to services than Caucasians. No study has examined treatment needs in relation to service utilization, but it is possible that disparity exists even with no service utilization disparity if the needs of one ethnic group are greater. We examined whether minority and Caucasian PTSD VA patients differ in their needs for SUD treatment, and SUD/PTSD treatment received. Analyses relied on data from 139 veterans at the Palo Alto VA residential program for PTSD. Participants completed self-report surveys, the Addiction Severity Index, and the PTSD Checklist. ANOVA's indicate members of minority groups have greater needs for both alcohol ($F=3.96$, $p<.05$) and drug treatment ($F=5.24$, $p<.02$). However, use of services did not differ between groups ($F=1.658$, $p<.20$), nor did severity of SUD problems ($F=.035$, $p<.85$). These data suggest a VA treatment disparity related to ethnicity. Minority veterans suffering from PTSD report a greater need for drug and alcohol treatment than Caucasians. However, the two groups report comparable use of services. Thus, even with comparable numbers of treatment visits, minority patients may have more unmet needs. PTSD veterans' reported need for treatment should be considered when devising VA treatment plans.

Effects of Childhood Abuse, Neglect, and Adult Intimate Partner Violence in Community Sample Women

(Abstract # 584)

Poster # F-234 (Practice, Assess Dx)

Atlanta Ballroom

Gabrielli, Joy, BA; Legerski, Joanna, MA

University of Montana, Missoula, Montana, USA

Studies show that abuse during childhood increases the risk of becoming an adult victim of violence (Classen, Pallesh, Aggarwal, 2005). This study examined the prevalence and psychological sequelae of childhood sexual and physical abuse in a community sample of women who had experienced intimate partner violence (IPV). Data included 79 participants, who completed surveys about childhood sexual and physical abuse, emotional neglect, and current trauma symptoms (TSC-40; Briere & Runtz, 1989). To meet criteria participants also must have experienced at least four or more moderate incidents of violence or one incident of severe violence found within their IPV relationship (Revised CTS; Straus, 1990). 81% of participants experienced one or more types of abuse during childhood. 50% of participants experienced three or more types of childhood abuse. The mean level of traumatic distress for IPV participants was 37.5 (TSC-40). A bivariate relationship between each of the types of childhood abuse and a regression model will be presented to describe the relationship between childhood abuse and current trauma symptoms. Clinicians should note adults who have experienced violence within their IPV may have also suffered multiple adverse experiences during childhood. Services that address the cumulative impact of multiple experiences of violence are highly suggested.

Propranolol Decreases PTSD Symptoms: A Case Series

(Abstract # 600)

Poster # F-235 (Clin Res, Bio Med)

Atlanta Ballroom

Poundja, Joaquin, BSc²; Thomas-Belanger, Emilie³; Azzoug, Abdelmajid; Tremblay, Jacques, MD³; Brunet, Alain, PhD¹

¹McGill University, Montreal, Quebec, Canada

²University of Montreal, Montreal, Quebec, Canada

³Douglas Institute, Montreal, Quebec, Canada

In a previous small RCT, compared to placebo, post-retrieval propranolol decreased physiologic responding during a script-driven traumatic imagery session conducted one week later among individuals suffering from PTSD. Extending on this statistically significant psychophysiological result, we sought to examine whether we could obtain a strong decline in PTSD symptoms and diagnosis by adding more treatment sessions. We conducted an open label trial involving 15 participants with chronic PTSD, receiving six 15-minutes trauma reactivation sessions conducted under the influence of propranolol. PTSD diagnostic (CAPS) and symptom (PCL) assessment were conducted before, during and after treatment, and included a follow-up at 6 months. Patients had significantly less PTSD symptoms at post-treatment, when compared with pre-treatment, $t(13) = 5.43$, $p < .001$. At follow-up, only two patients still met the full criteria for PTSD. Although open label trials do not control for the placebo effect like a RCT would, this study provides preliminary clinical evidence that propranolol is

useful for treating chronic PTSD. Although this study does not provide insight into the action mechanisms of propranolol on the traumatic memory, the results presented are consistent with reconsolidation theory.

Consultations Amidst Trauma and Loss: Recognizing and Honoring Differences Among Cultures

(Abstract # 1005)

Poster # F-236 (Cul Div, Commun)

Atlanta Ballroom

Dubrow, Nancy, PhD

The Chicago School of Psychology, Chicago, Illinois, USA

Members of cultures outside of North America, Western Europe, Australia and New Zealand have often complained about Western thinking and methods related to health and mental health interventions. Westerners may be rigid in their thinking and methods, to have disrespect personal and community beliefs, to lack consideration for the person in context, and to try to treat or deal with only the individual. These complaints seem to represent a fear that people from the West will not honor or respect a culture's traditional beliefs or ways of thinking, will look only at the individual and not his or her milieu or circumstances and not attend to all of his or her needs, including concrete needs or will belittle mystical or spiritual thinking. There is sometimes anger that Westerners think they know the whole truth of the universe, and it is not the same truth honored by the particular culture. This panel will offer examples from Rwanda, South Asia, the Middle East and Latino/a populations in the United States to inform a cross cultural perspective of traumatology.