

Concurrent Session 10
Saturday, November 7, 2009
8:00 a.m. – 9:15 a.m.

Symposium

**Developmental Trauma Disorder:
Criteria, Rationale, and Implications of a
New DSM Diagnosis**

(Abstract #390)

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

Fehrenbach, Tracy, PhD³; Silvern, Louise, PhD⁵; Spinazzola, Joseph, PhD²; Stolbach, Bradley, PhD²; van der Kolk, Bessel, MD¹

¹*Boston University School of Medicine, Boston, Massachusetts, USA*

²*La Rabida Children's Hospital, Chicago, Illinois, USA*

³*Northwestern University, Chicago, Illinois, USA*

⁴*The Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*

⁵*University of Colorado, Boulder, Colorado, USA*

This symposium will introduce the consensus criteria for Developmental Trauma Disorder, a proposed *DSM-V* diagnosis for children and adolescents who have experienced ongoing traumatic stress and disruptions of protective caregiving. The rationale and evidence for the diagnosis will be summarized. Implications of the diagnosis for the care of children and adolescents in two child service systems, child welfare and juvenile justice, will be discussed.

Implications of Developmental Trauma Disorder for Children in Child Welfare

(Abstract #705)

Fehrenbach, Tracy, PhD¹; Kisiel, Cassandra, PhD¹; Griffin, Gene, JD, PhD¹; Roberts, Lauren, MA¹; Marett, Jennifer, MSW, LCSW²

¹*Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA*

²*Infant-Parent Institute, Champaign, Illinois, USA*

Children in child welfare have high rates of exposure to interpersonal, caregiver-related trauma. Many exhibit complex posttraumatic reactions, including cognitive, emotional and behavioral symptoms that negatively impact normal development and well being. As a result, children experience many negative outcomes including multiple placements, school problems, difficulty with relationships, and failure to develop a healthy self-concept and other strengths. While some children meet criteria for PTSD, many do not. Therefore, children with complex trauma often carry multiple diagnoses to address their range of symptom presentations. This can lead to poorly coordinated or even inappropriate psychopharmacological and behavioral interventions. Developmental Trauma Disorder would more fully and accurately capture the emotional and behavioral dysregulation associated with complex trauma and facilitate a more appropriate match between the needs of the child and family, treatment/service planning, and the services that are ultimately delivered. By changing the system's perception, all providers and caregivers in the child's life will have a greater understanding of the broad and lasting impact of complex trauma. This is essential to creating a trauma-informed child welfare system and providing the highest quality casework and clinical services to children and families.

Implications of a Developmental Trauma Disorder Diagnosis for the Juvenile Justice System

(Abstract #810)

Silvern, Louise, PhD²; McClintic, Brook, PhD¹

¹*Judis House for Grieving Children, Denver, Colorado, USA*

²*University of Colorado, Boulder, Colorado, USA*

Trauma-specific assessment and treatment are uncommon in juvenile justice settings. Nonetheless, findings reveal that a substantial majority of adolescent offenders were exposed to child maltreatment or other potentially traumatizing stressors. Data from 138 male juvenile offenders illustrate that the trauma-related etiology and treatment needs of many delinquents might be overlooked by employing the diagnostic criteria of PTSD instead of the proposed, more inclusive criteria of Developmental Trauma Disorder (DTD). A substantial proportion of the present sample met the DTD "exposure criterion" of multiple, chronic interpersonal childhood stressors, and such exposure predicted criteria symptoms of DTD, e.g., dissociative symptoms and reactive (dysregulated) versus instrumental aggression in addition to PTSD symptom clusters. Thus, many adolescent crimes could be conceptualized as trauma-induced, triggered dysregulation. Standard practice should include assessing childhood histories of DTD "exposure criterion" and DTD symptoms that emphasize psychophysiological dysregulation. Trauma-specific psychotherapy and medication evaluation should be tested for effectiveness at modulating psychophysiological dysregulation among delinquents who meet DTD criteria. Such interventions could help adolescents identify trauma-related triggers and gain control over explosive reactions to them.

Clinical and Research Implications of Developmental Trauma Disorder

(Abstract #833)

van der Kolk, Bessel, MD

Boston University School of Medicine, Boston, Massachusetts, USA

The proposed diagnosis of Developmental Trauma disorder incorporates the vast research literature of developmental psychopathology. Affect regulation is learned in the context of attuned relationships. Failure of adequate caregiving not only makes a child vulnerable to be traumatized, but also to develop major deficits in the areas of affect dysregulation, attention, and interpersonal relationships. As long as the multiple dimensions of child abuse and neglect are dissociated from our diagnostic system it will be difficult to develop effective diagnostic instruments and treatment interventions. This presentation will summarize the vast research base for DTD and touch in its treatment implications.

Participant Alert: The audience may be distressed to learn the extent to which the current diagnostic system fails to capture the clinical symptomatology of trauma disorder.

Predictors and Correlates of Homicide Survivorship

(Abstract #754)

Symposium (Cul Div, Assess Dx) Vinings I & II - 6th Floor

McDevitt-Murphy, Meghan, PhD³; Burke, Laurie, BA³; Zinzow, Heidi, PhD⁴; Hawkins, Alesia, PhD¹; Kilpatrick, Dean PhD¹

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

²National Crime Victims Research & Treatment Center, Mt. Pleasant, South Carolina, USA

³University of Memphis, Memphis, Tennessee, USA

⁴Clemson University, Clemson, South Carolina, USA

Data on homicide in the United States suggest that approximately 15,000 people were murdered in 2007 (Federal Bureau of Investigation, 2008). Homicide is a leading cause of death for young adults and typically leaves in its wake a network of survivors who struggle to face life following this traumatic form of loss. This symposium would present four papers that describe aspects of the experience of homicide survivorship. Two papers feature data from large epidemiological surveys of young adults and two papers report on data from a smaller sample comprised exclusively of homicide survivors. All of the studies highlight the issue of the disproportionate impact of homicide on African Americans. Together, the papers present data on clinically relevant outcomes such as posttraumatic stress disorder, depression, complicated grief, and substance abuse as well as data related to the prediction of these symptoms. One paper focuses on an aspect of the social network that may be particularly troublesome for homicide survivors, inappropriate social intrusion (invasive queries regarding the death). In sum these papers would shed light on the experience of homicide survivors, and will allow for discussion of issues that cut across demographic characteristics such as age and race.

Ethnic/Racial Differences in Reports of Homicide Survivorship: Findings From the 2005 NSA

(Abstract #905)

Hawkins, Alesia, PhD²; Zinzow, Heidi, PhD³; Rheingold, Alyssa, PhD¹; De Arellano, Michael, PhD²; Saunders, Benjamin, PhD²; Kilpatrick, Dean, PhD²

¹National Crime Victims, Research & Treatment Center, Charleston, South Carolina, USA

²Medical University of South Carolina, Charleston, South Carolina, USA

³Clemson University, Clemson, South Carolina, USA

Extant studies investigating homicide survivorship indicate that losing a loved one to criminal homicide is overrepresented in underserved populations (e.g., ethnic/racial minority groups). Survivors of homicide may experience a wide array of adverse mental health symptoms as a result of the murder of their loved one. Little is known about ethnic/racial differences in homicide survivorship and subsequent mental health outcomes. This study examined ethnic/racial differences in prevalence, demographic distribution, and mental health correlates of homicide survivorship. Participants were a subsample (n = 411) from a national probability sample of 3,614 adolescents who completed structured telephone interviews assessing homicide survivorship and mental health consequences. The sample included adolescents who identified themselves as Caucasian, NonHispanic; Hispanic; African American, NonHispanic; Native American/Alaskan native, NonHispanic; or Asian/Pacific Islander,

NonHispanic. Chi-square analyses revealed African American adolescents had the highest prevalence (26.9%) of losing a loved one to criminal homicide. Gender of homicide survivor was significantly associated with mental health outcomes. Findings suggest greater assessment and treatment efforts focused on the mental health needs of adolescent homicide survivors are warranted.

Losing a Loved One to Homicide: Prevalence and Mental Health Correlates in a National Sample of Young Adults

(Abstract #815)

Zinzow, Heidi³; Rheingold, Alyssa, PhD¹; Hawkins, Alesia, PhD²; Saunders, Benjamin, PhD²; Kilpatrick, Dean, PhD²

¹National Crime Victims Research & Treatment Center, Mt. Pleasant, South Carolina, USA

²Medical University of South Carolina, Charleston, South Carolina, USA

³Clemson University, Clemson South Carolina, USA

Although homicide survivors contend with multiple stressors (e.g., stigmatization, intrusion of the media and justice systems, financial burden), little research has addressed the prevalence or consequences of homicide survivorship. This study examined its prevalence, demographic distribution, and mental health correlates. A national sample of 1753 young adults completed structured telephone interviews measuring violence exposure, mental health diagnoses, and loss of a family member or close friend to a drunk driving accident (vehicular homicide) or murder (criminal homicide). The prevalence of homicide survivorship was 15%. African Americans were more highly represented among criminal homicide survivors. Logistic regression analyses found that homicide survivors were at risk for past year posttraumatic stress disorder (OR = 1.88), major depressive episode (OR = 1.64), and drug abuse/dependence (OR = 1.77). In conclusion, homicide affects approximately 1 in 7 young adults and represents a significant independent risk factor for mental health problems. Assessment and treatment efforts should particularly target the African American population. Although greater attention has traditionally been paid to direct homicide victims, these findings underscore the need to address the significant mental health needs of the larger population of indirect victims.

Psychological Symptoms in a Sample of African American Homicide Survivors

(Abstract #767)

McDevitt-Murphy, Meghan, PhD¹; Neimeyer, Robert, PhD¹; Burke, Laurie, BA¹; Williams, Joah, BA¹; Lawson, Katherine, EdD²

¹University of Memphis, Memphis, Tennessee, USA

²Victims to Victory Inc., Memphis, Tennessee, USA

Homicide disproportionately affects African Americans, and yet few studies have systematically characterized the effects of homicide within this cultural group. The purpose of the present study was to describe a sample of African American homicide survivors with regard to clinically relevant outcomes such as PTSD, complicated grief (CG), and depression, and to investigate predictors of those outcomes. Participants (n = 54) were predominately mothers of murdered adult children. All participants had experienced the loss of a loved one to homicide within the past 5 years. Participants reported considerable distress, and more than half screened positive for some level of

depression (53%) or CG (55%). A smaller proportion screened positive for PTSD (18.5%). All of the participants screening positive for PTSD also screened positive for CG and depression. In regression analyses, time since the homicide was significantly (negatively) predictive of depression, anxiety and PTSD symptoms. Conversely, frequency of contact with the deceased and length of time participant knew the deceased were predictive of CG symptoms. These findings suggest that African American homicide survivors may be at risk for a range of clinically relevant outcomes and that different factors may predict different symptom patterns.

African American Homicide Survivors: Negative Social Interactions and Bereavement Outcome

(Abstract #801)

Burke, Laurie, BA; McDevitt-Murphy, Meghan, PhD; Ippolito, Maria, BA; Neimeyer, Robert, PhD

University of Memphis, Memphis, Tennessee, USA

Past bereavement research indicates that survivors coping with violent loss are more likely to exhibit severe grief responses. However, the relevance of these findings has not been assessed in the African American population where homicide rates are higher. Additionally, coping following violent death may be influenced by aspects of social support, including social interactions that are unhelpful, unpleasant, or negative. Unfortunately, negative social “support” is all too common during bereavement, leaving the bereaved feeling unsupported and subjected to further emotional pain. Worse still, some homicide survivors find they must also endure inappropriate social intrusion—unwarranted invasive queries from acquaintances—placing them in a position of defending themselves from the social world that is generally expected to provide concern and care. Drawing on data collected from a sample of 54 African American homicide survivors, we explored how negative social interactions affect bereavement outcome. In particular, our study examined the predictive power of anticipated and actual negative interactions on levels of complicated grief, PTSD, and depression. However, contrary to our hypothesis, Pearson’s correlations showed no relationship between negative social interactions and the ability of African Americans bereaved by homicide to adequately accommodate their loss.

Assessing the Disease Burden of PTSD in the U.S. Military: Pervasiveness, Persistence, and Impact

(Abstract #866)

Symposium (Mil Emer, Soc Ethic) Peachtree B/C - 8th Floor

Freed, Michael, PhD, EMT-B¹; Magruder, Kathryn, PhD, MPH⁴; Smith, Tyler, MS, PhD²; Hoge, Charles, MD⁵; Engel, Charles, MD, MPH³

¹DHCC, Walter Reed Army Medical Center / Dept. of Psychiatry, USUHS, Washington, District of Columbia, USA

²Naval Health Research Center, San Diego, California, USA

³Uniformed Services University, Bethesda, Maryland, USA

⁴VA Medical Center, Charleston, South Carolina, USA

⁵Walter Reed Army Institute of Research, Silver Spring, Maryland, USA

Disease burden is a construct, measured by population-level health metrics, which combines disease pervasiveness,

persistence, and impact into a single outcome. Unlike symptom severity, estimates of disease burden allow for cross-disease comparisons at the population level. These estimates are therefore useful to prioritize limited healthcare resources in efforts to maximize the aggregate gain from healthcare interventions in a population. However, estimates of disease burden are only as good as the parameters in those estimates. Researchers have demonstrated that the pervasiveness (i.e., prevalence and incidence), persistence (i.e. duration of illness), and impact (e.g., decrements functioning, special cases of health-related quality of life, mortality, and other non-symptom based outcomes) of PTSD in military and veteran populations may substantially differ from that of community samples. In this symposium, we report on the aforementioned components of disease burden and present specific data from military and veteran populations. We then demonstrate how these components are used to calculate Disability Adjusted Life Years (DALYs), a population-level health metric that assesses disease burden. Finally, we discuss the importance and utility of population-level health metrics to improve healthcare delivery to our deserving military servicemembers and veterans.

Healthy Years Lost to PTSD: Justification for Effective Intervention and Prevention in the Military

(Abstract #871)

Freed, Michael, PhD, EMT-B²; Liu, Xian, PhD²; Gore, Kristie, PhD¹; Kuesters, Phoebe, BA²; Engel, Charles, MD, MPH³

¹Deployment Health Clinical Center, Washington, District of Columbia, USA

²Walter Reed Army Medical Center, Washington, District of Columbia, USA

³Uniformed Services University, Bethesda, Maryland, USA

Background: The U.S. burden of disease study ranked PTSD among the top 20 most “burdensome” diseases in the US general population. Because the rates of PTSD are higher in the military than in the general population, and because combat PTSD may be more persistent and more impactful than non-combat PTSD, it is important to evaluate the disease burden in the US military population. Disease burden combines pervasiveness, persistence, and impact into a single unit: the Disability Adjusted Life Year (DALY). DALYs measure the number of “healthy years” lost due to a disease, in this case, PTSD. Here, a year of complete disability or a year of premature death is valued as 1 DALY, so the term, “healthy year,” is an average value of health over a 1-year period. Method: We calculate crude DALYs associated with PTSD in the military, adjusting for sex and branch of service. Results: PTSD decreases the amount of healthy years in the military by 4-7%. Discussion: DALYs help decision-makers justify the need for effective intervention and prevention strategies by examining the relative burden of specific diseases, like PTSD, on population health. DALYs associated with different diseases can then be compared on a common scale.

Saturday: 8:00 a.m. – 9:15 a.m.

Prevalence, New Onset and Persistence of PTSD and Related Coping Behaviors in the Millennium Cohort

(Abstract 944)

Smith, Tyler, MS, PhD; Leard Mann, Cynthia, MPH; Smith, Besa, MPH, PhD; Jacobson, Isabel, MPH; Granado, Nisara, MPH, PhD
Navel Health Research Center, San Diego, California, USA

This presentation describes the prevalence, new onset and persistent PTSD symptoms and related coping behaviors in a large population-based military cohort, many of whom deployed in support of the current conflicts. Baseline and follow-up Millennium Cohort survey data were collected from over 55,000 participants to assess new-onset and persistent PTSD symptoms. At baseline, approximately 4% of the study sample reported PTSD symptoms or a previous PTSD diagnosis. Among active-duty members with PTSD symptoms at baseline, nearly 10% were diagnosed with PTSD and 40% were diagnosed with a mental health disorder in the military health care system within 5 years. Of those with PTSD symptoms at baseline, approximately 12% reported an alcohol-related problem and 20% started smoking by follow-up. New-onset PTSD symptoms or diagnosis were identified in 8.7% of deployers reporting combat exposures, 2.1% of deployers not reporting combat exposures, and 3.0% of nondeployers. Findings describe PTSD in a large military population and emphasize that combat exposures significantly affect the onset of PTSD symptoms postdeployment. Long term follow-up of this cohort will give insight into the occurrence and episodic nature of PTSD symptoms, comorbidities and associated coping behaviors.

Impact: Does PTSD Affect Medical Morbidity?

(Abstract #1060)

Magruder, Kathryn, MPH, PhD¹; Yeager, Derik, MBS²

¹*VA Medical Center, Charleston, South Carolina, USA*

²*Ralph H. Johnson VAMC / MUSC, Charleston, South Carolina, USA*

PTSD is well known to have an impact on overall functioning, and recent evidence has emerged for an association with medical illnesses, e.g. diabetes and coronary heart disease. Important from a public health and policy viewpoint is the impact of PTSD on overall medical morbidity. In this presentation we provide data concerning medical morbidity in a random sample of 816 VA primary care patients. PTSD was assessed for all patients with the Clinician Administered PTSD Scale (CAPS). Medical morbidities (based on ICD9 chart diagnoses) were summarized using the Charleston Index, a well known instrument used to predict mortality that sums disease burden over 17 medical conditions. In addition, we had SF-36 mental and physical health composite scores for overall functioning. Results show that the average Charlson score for the 98 patients with PTSD did not differ significantly from that of the 718 patients without PTSD (0.85 vs. 1.04; $p > .05$), even after controlling for key variables. There were also no significant differences when we examined specific Charleston components of interest, diabetes and coronary heart disease. In contrast, the SF-36 composite functioning score for physical health was significantly worse for PTSD patients. Results suggest that even though physical health burden may not be impacted by PTSD, patients still perceive that their health functioning is diminished.

Panel Discussion

Making Disaster and Mass Trauma Behavioral Health Services More Evidence-Informed

(Abstract #1043)

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

Watson, Patricia, PhD³; Ligenza, Linda, ACSW¹; Santiago, Patcho, MD MPH¹; Thimm, Kristine, M.A.²

¹*SAMHSA Disaster Technical Assistance Center, Bethesda, Maryland, USA*

²*USUHS, Department of Psychiatry, Bethesda, Maryland, USA*

³*VA Regional Medical Center, White River Junction, Vermont, USA*

In the past year, SAMHSA's Center for Mental Health Services and the National Center for PTSD have reviewed recent evidence for Crisis Intervention following traumatic stress, including community models, individual trauma intervention studies, case reports, and disaster and mass violence intervention studies. In this panel discussion, the presenters will discuss the findings from the literature review, the process of selecting appropriate interventions that will improve disaster/mass trauma mental and behavioral health interventions, and the outcome of an expert panel that reviewed the findings and made recommendations for improving SAMHSA's crisis counseling services.

SCCS: Innovations in Design and Implementation in Response to Hurricane Katrina

(Abstract #353)

Panel Discussion (Disaster, Mil Emer) Augusta I - 7th Floor

Osofsky, Joy, PhD¹; Osofsky, Howard, MD PhD¹; Brymer, Melissa, PhD, PsyD³; Steinberg, Alan, PhD⁴; Riise, Kirsten, PhD²

¹*Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA*

²*Office of Mental Health, Baton Rouge, Louisiana, USA*

³*UCLA, Los Angeles, California, USA*

⁴*National Center for Child Traumatic Stress, Los Angeles, California, USA*

The psychosocial impact of a catastrophic event is complex and often not well understood by response personnel or those directly impacted by the incident. This presentation will focus on the emergency planning and long-term response activities associated with Hurricane Katrina. The role of behavioral health agencies and professionals as an integral component of the disaster response infrastructure will be discussed. Ongoing monitoring of the consequences for survivors who have continued to live with devastation and uncertainty has led to enhanced recognition of the need for longer-term structured cognitive behavioral interventions. The collaborative among the Louisiana Office of Disaster Mental Health, the Department of Psychiatry at Louisiana State University Health Sciences Center, the Terrorism and Disaster Center of the National Child Traumatic Stress Network, the National Center for Child Traumatic Stress, and the National Center for Posttraumatic Stress Disorder worked together to design, implement, and evaluate a post-disaster psychosocial recovery program for children, adolescents, adults, and families adversely affected by Hurricane Katrina. The presentation will describe critical aspects of this program, lessons learned, and how this experience can provide directions for the future in planning and implementing behavioral health disaster response programs.

Papers

Resilience Training

International D – 6th Floor

Chair: Keith Renshaw, PhD

George Mason University, Fairfax, Virginia, USA

Pre-Deployment Preparation, Combat Exposure, Perceived Threat and PTSD Symptoms in Reserve Troops

(Abstract #899)

(Mil Emer, Soc Ethic)

Renshaw, Keith, PhD

George Mason University, Fairfax, Virginia, USA

Reserve component (RC) forces have made up more than 25% of troops deployed in support of recent conflicts in Afghanistan (OEF) and Iraq (OIF), and they may be at greater risk for post-deployment PTSD than active duty troops (Milliken et al., 2007). One factor in this increased risk may be lower levels of pre-deployment preparation in RC vs. active duty troops. The current study tested the impact of pre-deployment preparation on (a) post-deployment PTSD symptoms and (b) the association of combat experiences and perceptions of threat during deployment. The sample consisted of 203 male RC troops deployed to Iraq, Afghanistan, or other areas in the Middle East during the OEF/OIF era. Pre-deployment preparation was negatively associated with post-deployment PTSD symptom severity, even when controlling for combat severity ($p < .05$). Also, there was an interaction between combat exposure and pre-deployment preparation in predicting perceived threat ($p < .05$), such that, for those with low self-reported pre-deployment preparation, perceived threat was high almost regardless of combat exposure, but for those with high pre-deployment preparation, perceived threat was high only in the context of high combat exposure. Given the association of perceived threat with PTSD, differential levels of preparation may help explain some of the greater vulnerability to such symptoms in RC troops.

Effects of “Psychological Inoculation” on the Mental Resilience of Israelis Under Missile Attacks

(Abstract #395)

(Clin Res, Civil Ref)

Farchi, Moshe, PhD¹; Gidron, Yori, Sc, PhD²

¹*Tel Hai Academic College, Upper Galilee, Israel*

²*Brunel University, West London, United Kingdom*

The present study tests the effects of “psychological inoculation” (PI) on the mental resilience of the adult population in Sderot, Israel. This population have been chronically exposed to missile attacks from Gaza. We so far collected data of 29 people, and will present at the conference more complete findings (Approximately N=600). Methods: Adults living in Sderot (N=29) were randomized to receive either two phone calls of PI or two supportive listening calls (control). In the PI intervention, citizens listened to challenging sentences, mapped onto concepts of stress and coping (e.g., “since the cease fire, you never do what you plan for a day”). Participants had to systematically refute the sentences, to manifest inoculation facing future similar

challenges. Controls were invited to talk and ventilate about the events. Participants were assessed for anxiety, perceived-control, pessimism and self-efficacy coping, before the first and after the second conversation. Results: Both groups showed significant reductions in anxiety, but the PI had lower anxiety than controls post-treatment. The PI group also reported significant increases in perceived-control and coping self-efficacy, while controls did not. Conclusions: These preliminary findings support the effectiveness of PI in increasing resilience and decreasing stress symptoms.

PTSD in UK Emergency Service: An Education Programme to Minimise Ill-Health Outcomes

(Abstract 327)

(Media, Mil Emer)

Young, Kathryn M., PhD

Department of Clinical Psychology, The Whelan Bldg Quadrangle Brownlow Hill, Liverpool, United Kingdom

The prevalence of PTSD among emergency services personnel is repeatedly reported as higher than for community populations. The ill-health consequences present challenges to carrying out required roles and include high levels of sickness absence and premature retirement. Yet studies show the key role of preparedness training in reducing PTSD outcomes. This poster reports the development of an education programme designed to prepare emergency service personnel to recognise, manage and reflect on challenging events to minimise the consequences, thereby reducing both the prevalence and costs of PTSD. The context for this programme is increasing recognition of the importance of knowledge exchange activities. Research evidence is presented on prevalence, to indicate the scale of the problem and preparedness training, to show it’s positive impact. A theoretical framework follows which informs and supports explicit learning objectives. The design principles for this programme are explained including how diversity of participants is taken into account. The teaching methods selected are shared along with evaluation strategies to determine the extent to which the learning outcomes have been met. How participant feedback is obtained and included in programme development is also described. Finally, the design of follow-up studies to measure the impact of the programme is illustrated.

Saturday: 8:00 a.m. – 9:15 a.m.

Papers

Secondary Trauma

International E – 6th Floor

Chair: Judith Daniels, PhD

University Medical Center, Hamburg, Germany

Traumatic Countertransference – Results of Empirical Research on Therapists' Coping Patterns

(Abstract #786)

(Practice/Media Ed)

Smith, Annemarie, JM, MD, PhD; Kleijn, Wim, M.Sc

Centrum 45, Oegstgeest, Netherlands

The confrontation with patients' traumatic experiences naturally evokes strong emotional and behavioral countertransference reactions in therapists. The transactional coping model offers a theoretical frame to investigate and understand therapists' ways of coping with the impact of these experiences and with his/her own reactions. The study aimed to investigate 1) specificity of countertransference to traumatic situations, and 2) the relation between therapists' trauma specialization and their in-session reactions. Using a 2x2 experimental design, trauma therapists (n = 45) were compared with other psychotherapists (n = 58). Reactions were measured to video-scenario presentations of a traumatized refugee and of a borderline patient. Dependent variables were emotional appraisal of the presented scenarios, and therapists' countertransference. The refugee scenario evoked a specific countertransference pattern characterized by confrontation anxiety (horror, anxiety, somatic reactions), negative feelings, and strong positive involvement. Trauma therapists were less overwhelmed by the traumatic content than other psychotherapists were. The study supported a trauma-specific countertransference pattern. The results show that confrontation with patients' traumatic experiences is a challenge for trauma therapists as well as for other therapists, though that it helps to be prepared. The results are discussed in relation to the transactional coping model.

Vicarious Trauma for Counselors: Workplace Context and Belonging

(Abstract #748)

(Practice/Media)

Hahn, Katharine, EdS

University of Kentucky, Shaker Heights, Ohio, USA

Vicarious trauma (VT) for counselors results from exposure to client trauma material and can manifest as PTSD-like symptoms. VT research to date has focused on the negative effects of trauma counseling and on how counselors' individual characteristics make them vulnerable to VT. This focus on individual variables can create an implied blame on counselors and fails to address the importance of the relational context of trauma. With a focus on workplace context and positive outcomes of trauma counseling, this study investigated which aspects of workplace context contribute significantly to counselor VT and vicarious post-traumatic growth (PTG). With approximately 180 participants from internship and post-doctoral residencies and domestic

violence and rape crisis centers, VT symptoms were low to moderate, with only two participants experiencing symptoms in the clinical range. Results of hierarchical regression analysis indicated that amount and intensity of exposure to client trauma material positively predicted VT and that sense of belonging in the workplace negatively predicted VT. Intensity of exposure, support for VT at work, and work setting significantly predicted vicarious PTG, with counselors at domestic violence and rape crisis centers reporting more vicarious PTG. Also, sense of belonging in the workplace moderated the relationship between amount of exposure and vicarious PTG. The study supports the theory that VT is a natural, non-pathological response to trauma counseling and that counselors experience positive rewards from trauma counseling. The results indicate that support for VT at work and sense of belonging in the workplace are important factors in counselor VT and vicarious PTG.

When Trauma Therapists Dissociate – A New Approach to Secondary Traumatization

(Abstract # 662)

(Practice/Media)

Daniels, Judith Karina, PhD¹; Klasen, Fionna, Dipl-Psych

¹*UKE, Hamburg, Germany*

²*University Medical Center, Hamburg, Germany*

Objective: Dissociation is widely viewed as a survival mechanism triggered in life-threatening situations and known to be the best predictor for the development of PTSD. As Secondary Traumatization (ST) has been shown to consist of similar symptoms as PTSD, the question arises if dissociation also predicts these symptoms in a therapeutic setting. Results: Dissociation scores (assessed with adapted items of the Dissociative Experiences Scale, $\alpha = .79$) were used to predict ST symptom severity (measured with the German Fragebogen zur Sekundaeren Traumatisierung, $\alpha = .94$) in a sample of 1.024 therapists, counsellors, and nurses. The two scales correlate significantly (Kendall-Tau-b = .390; $p < .000$). In a hierarchical regression analysis the dissociation scores predict the ST scores significantly with $R^2 = .288$. The comparison of groups with high and low dissociative coping yields an effect size of $d = 0.91$, indicating a clinically relevant difference between these groups. Conclusion: Dissociative coping presents an important risk factor for the development of Secondary Traumatization in therapists. Ideosyncratic peritraumatic processing of client's trauma material predicts secondary traumatization better than work setting, work experience or education. The results show a noticeable difference between active coping and passive dissociation in the therapeutic situation.

Papers

Treatment Studies: I

Augusta II & III – 7th Floor

Chair: Shannon Kehl, PhD

Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

A Meta-Analytic Review of Exposure Therapy and EMDR in the Treatment of Adult PTSD

(Abstract #699)
(Clin Res, Practice)

Kehle, Shannon, PhD; Polusny, Melissa, PhD; Meis, Laura, PhD
Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

Eye movement desensitization (EMDR) and exposure therapies (e.g. prolonged exposure therapy) have both been recommended as first-line treatments for posttraumatic stress disorder (PTSD). However, relatively little is known about the comparative efficacy of the two types of treatments. To date, the few studies that have been conducted have small sample sizes, making it difficult to draw conclusions. The goal of the current study was to use meta-analytic techniques to synthesize the existing data on the relative efficacy of exposure therapies and EMDR. Through a comprehensive literature search, we identified six randomized control trials that met our inclusion criteria. We calculated Hedges g effect sizes for the continuous variables (positive values favor exposure therapies) and risk ratios (RRs) for dichotomous variables (values greater than one favor exposure therapies). EMDR and exposure therapies did not differ significantly on clinician-rated PTSD (g = 0.32), self-report PTSD (g = -0.08), self-report depression (g = -0.01), loss of PTSD diagnosis (RR = 1.46), or dropout (RR = 0.79). However, higher-quality studies (based on Foa & Meadows' 1997 criteria) consistently favored exposure therapies. Clinical implications will be discussed.

A Resilience-Building Intervention for Treating PTSD

(Abstract #758)
(Clin Res, Prev El)

Kent, Martha, PhD

Phoenix VA Health Care System, Phoenix, Arizona, USA

Resilience is a flexible neuroendocrine and behavioral response to challenge, characterized by an efficient stress response, a proactive approach/engaged attitude and social relatedness/affiliation. It is lost or compromised in posttraumatic stress disorder (PTSD). Our goal was to restore and build resilience in a twelve-week manualized intervention, tested in a randomized clinical trial by comparing physiological responses, psychological responses, and cognitive responses of the treatment group with a waiting-list control group of veterans who met PTSD criteria of DSM-IV. Subjects (36 total, aged 35-69) met in small groups of ten in weekly ninety-minute sessions. Pre-test and post-test data were analyzed in a two-way mixed measures analysis of variance that showed significant differences between treatment and waiting-list control groups. The treatment group showed trends of decreased stress-related physiological responses in cortisol and heart rate variability; and significantly decreased endorsement of symptoms of PTSD, depression, and anxiety;

increased endorsements of positive growth measures and well being; and improved cognitive functions of attention, memory and complex reasoning. Waiting-list controls showed no gains. The significance of this intervention lies in the neurobiologically-based resilience approach and in testing effectiveness in all three domains.

Trauma Treatment With Incarcerated Women: Attending to PTSD and Dissociation

(Abstract #811)
(Clin Res, Assess Dx)

Lynch, Shannon, PhD; Heath, Nicole, MS; Matthews, Kathleen Carey, MS; Cepeda, Galatia, MS

Idaho State University Pocatello, Idaho, USA

Seeking Safety (SS) is an empirically supported CBT treatment for individuals with PTSD and SUD (Najavits, 2002). This study examines the effectiveness of SS with incarcerated women (N=114). Incarcerated women tend to report high rates of interpersonal violence (IPV). The majority of the participants in this study reported multiple types of IPV and chronic experiences of trauma. Multiple types of traumatic events and chronic trauma have been associated with dissociative symptoms (Chu et al, 1999). Wilson, Friedman & Lindy (2001) note that some of the most disabling symptoms associated with PTSD are dissociative in nature. Yet, dissociation is seldom assessed in treatment outcome studies. Women with moderate to severe PTSD symptoms, trauma exposure, and SUD history were provided with up to 24 sessions of group treatment (N=88) or waitlisted (N=26, data collection in progress). Preliminary analyses using paired t-tests indicate significant decreases in not only PTSD symptoms but also in dissociation. A mixed design, repeated measures ANOVA will be used to compare the treatment and waitlisted conditions with the full sample. Implications of the use of this empirically supported treatment for PTSD with participants with a range of dissociative symptoms as well as chronic trauma histories will be discussed.

Papers

Treatment Studies: II

International F – 6th Floor

Chair: Harvey Smith, PhD

Carewest, Calgary, Alberta, Canada

Interventions for Military Psychological Trauma using Videoconferencing – Lessons Learned

(Abstract #666)
(Practice, Commun)

Smith, Harvey, PhD; Buckler, Melissa, MA; Caron, Laura, BSN, RPN

Carewest, Calgary, Alberta, Canada

The Carewest Operational Stress Injury Clinic, Calgary, Alberta, Canada, in collaboration with the Alberta Mental Health Board and Veterans Affairs Canada, conducted a pilot project using videoconference to provide mental health services to military Veterans with conditions arising from psychological trauma

Saturday: 8:00 a.m. – 9:15 a.m.

and stress. Approximately 30% of Canadian Veterans with these conditions reside outside major urban centers and have limited access to specialized services. As part of the project, clients residing significant distance from the clinic were screened for appropriateness and offered videoconference sessions as an alternative to traveling to the clinic for in-person sessions. Eighty sessions were conducted under the project over a 12 month period. Intake screening, clinical assessment, psychotherapy, couple therapy and psychiatric consultation were provided by videoconference. Disciplines providing care were psychology, psychiatry, nursing, and social work. The acceptability of using videoconference was evaluated by satisfaction questionnaires post session, and by focus groups. Project implementation, procedures, and evaluation results will be presented and discussed. Overall, clients reported that videoconference was an acceptable option to reduce burden of travel. Clinicians reported that goals were achieved and videoconference was an acceptable method of service delivery for appropriately screened clients. Factors influencing success included screening of clients, scheduling procedures, client preparation, clinician adoption, far-site preparation, and audio-video quality.

Seeking Safety With Incarcerated Women: Changes in PTSD, Emotion Regulation, and Self-Efficacy

(Abstract #793)
(Clin Res, Assess Dx)

Heath, Nicole, MS; Lynch, Shannon, PhD; Matthews, Kathleen Carey, MS; Cepeda, Galatia, MS

Idaho State University, Pocatello, Idaho, USA

Current research with incarcerated women suggests that the majority of this population has experienced multiple interpersonal traumas prior to incarceration. Furthermore, many of these women have comorbid PTSD and substance use disorders. Seeking Safety, a manualized treatment designed to target these symptoms, was utilized in a group format with incarcerated women (N= 45 current, one group in progress). Previous research suggests that Seeking Safety is efficacious in decreasing PTSD symptoms; however, there is no research demonstrating change on other variables related to complex PTSD, such as emotion regulation and self-efficacy. We hypothesized that PTSD symptoms would significantly decrease and that emotion regulation and self-efficacy would increase from pre- to post-treatment. Preliminary results suggest our hypotheses were supported: PTSD symptoms decreased, $t(43) = 8.439, p < .001$; emotion regulation skills increased, $t(44) = 3.778, p < .001$; and self-efficacy beliefs also increased $t(42) = 4.010, p < .001$. We have also hypothesized that self-efficacy and emotion regulation will mediate PTSD post-treatment. Mediation analyses and comparisons with a waitlisted group (N = 22, 13 in progress) also will be presented with the completed data set. Implications for interventions with incarcerated women with chronic trauma histories will be discussed.

Prolonged Exposure for Combat-Related PTSD: Differences in Live vs. Telehealth Treatment Delivery

(Abstract #340)
(Clin Res, Mil Emer)

Yoder, Matthew, PhD; Tuerk, Peter, PhD; Ruggiero, Kenneth, PhD; Acierno, Ron, PhD

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

This paper presents data from ongoing open-trial study that includes 47 combat veterans (OEF/OIF = 72%) diagnosed with PTSD by the Structured Clinical Interview for the *DSM-IV* (SCID) at a Southeastern VAMC. All veterans were given traditional PE and optional access to PE via telepsychiatry was available for patients living in rural areas. Baseline and ongoing assessments included the PTSD Checklist military version (PCL) and the Beck Depression Inventory (BDI) given every two-weeks. Drop-out rates and number of sessions to treatment termination were monitored for the two self-selecting groups (in person PE, n= 35; telehealth PE, n= 12). Hierarchical linear modeling (HLM) was used to analyze longitudinal outcomes and dependant-means t-tests were used to compare pre/post-treatment pathology. Results suggested significant decreases in pathology from pre to post assessment. In addition, analyses found no significant differences between in person and telehealth PE outcomes.

The Other Side of the Story: Characteristics of Dropouts From a PTSD Study

(Abstract #1084)
(Clin Res, Res Meth)

Allard, Carolyn, PhD¹; Wansley, Patricia, BS¹; Grimes, Erin, PsyD²; Norman, Sonya, PhD²; Thorp, Steven, PhD²; Stein, Murray, MD, MPH³

¹*SDSU, Carlsbad, California, USA*

²*UCSD School of Medicine & VASDHS, San Diego, California, USA*

³*University of California San Diego, La Jolla, California, USA*

⁴*VA San Diego Healthcare System/ UCSD, San Diego, California, USA*

Trauma research has amassed a substantial base of knowledge with the potential to improve accuracy and utility of diagnostic characterization of posttraumatic distress. The high dropout rate noted in PTSD studies (up to 54%) raises the concern that a large subset of data is unavailable to conceptualizations and practical applications. To increase understanding of participant withdrawal and identify potential targets for improving retention rates, we investigated dropout predictors in 90 women who participated in a fMRI study of domestic violence. Twenty-seven percent dropped out during the baseline assessment and scanning portion of the study and half of the 24 women in the therapy arm of the study dropped out of therapy. As predicted, dropout was positively related to anxiety, avoidance, guilt, functional impairment, and domestic violence severity, and negatively associated with education, severity of PTSD symptoms, in particular hypervigilance-hyperarousal, and a diagnosis of major depression disorder at intake. Contrary to concerns raised in the literature, dropout status was not related to ethnicity in this study. Identifying and targeting predictors of dropout is an important first step in increasing retention rates in studies, thus improving external validity of research findings and strengthening confidence that posttraumatic distress conceptualizations are broadly representative.

Papers

Families and Children

International 6 – 6th Floor

Chair: Ginny Sprang, PhD

University of Kentucky, Lexington, Kentucky, USA

Parent-Child Dyad and Child’s Pathology in 9/11 Families

(Abstract #491)

(Child, Clin Res)

Szymanski, Kate, PhD¹; Adriano, Lauren¹; Springer, Carolyn, PhD²; Cloitre, Marylene, PhD¹; Kamboukos, Demy, PhD²; Cucharo, Candy³

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

²*NYU Child Study Center, New York, New York, USA*

³*Tuesday’s Children, Manhasset, New York, USA*

⁴*Adelphi University, Garden City, New York, USA*

This study addresses the long-lasting consequences of losing a parent in 9/11. Family environment has a crucial impact on a parentally bereaved child. In the current study we tested the prediction that a discrepancy between mother’s and child’s perception of parenting and family functioning would have a negative impact on child’s psychological adjustment. This project was a part of a larger study conducted by NYU Child Study Center on 9/11 families. Participants were 38 bereaved mother-adolescent dyads who separately answered the following self-report measures: Children’s Report of Parental Behavior (CRPBI – mother, adolescent), Family Environment Scale (FES) and Behavior Assessment System for Children (BASC - mother, adolescent). The results supported our predictions. When parents’ rating of psychological control on CRPBI was higher than their children, adolescents were significantly more depressed ($p < .03$) and anxious ($p < .04$). Also, their parents perceived them as significantly less depressed than children perceived themselves ($p < .03$). When children’s rating of family expressiveness on FES was lower than their parents, children rated themselves as significantly more depressed than parents perceived them to be ($p < .07$). When adolescents rating of family conflict on FES was higher than their mothers, children had a significantly lower locus of control ($p < .02$). These findings suggest that on some dimensions of family functioning incongruent perception between a parent and a child have a detrimental effect for both.

The Efficacy of a Relational Treatment for Traumatized and Maltreated Children and Their Families

(Abstract #432)

(Clin Res, Child)

Sprang, Ginny, PhD

University of Kentucky, Lexington, Kentucky, USA

This paper describes an efficacy study that examined the effects of a relational-based intervention program on trauma symptoms, child abuse potential, parenting stress and child behavior in maltreated children and their foster parents. A sample of participants (N=53) were randomly assigned to an immediate treatment or a wait-list control condition in a community-based

treatment setting. The methodological design employed in this study combined elements of efficacy studies and effectiveness research by applying specific components of a randomized control trial to a clinic based setting with firmly established clinical protocols, and a naturally occurring treatment seeking population. An intention-to-treat analysis was utilized to avoid the effects of dropout that might interfere with the randomization procedure. Participant’s mean pretest scores were equivalent between groups. Post-intervention, treatment participants had significantly lower scores on total child abuse potential, traumatic stress, parenting stress, and child internalizing and externalizing behavior than control subjects. Engagement in treatment was a significant predictor of positive change in reported child behavior. This intervention was effective in decreasing symptoms in children who were at high-risk for placement disruption, and in alleviating the parenting stress associated with providing care to high-risk, symptomatic foster children.

Parental Response to Child Injury: Examination of Parental Posttraumatic Stress Symptom Trajectories

(Abstract #274)

(Child, Res Meth)

Le Brocque, Robyne, PhD¹; Hendrikz, Joan, Bsc, PGDip; Kenardy, Justin, PhD²

¹*CONROD, School of Medicine, Herston, Queensland, Australia*

²*University of Queensland, Queensland, Australia*

Objective: This paper uses trajectory analyses to empirically differentiate patterns of post traumatic stress symptoms in parents following child accidental injury. Child risk factors for predicted group membership are examined (gender, age, injury type, pre-injury behavior problems). The relationship between parent and child recovery patterns was also explored. Method: Parent (n=189) self reported symptoms up to two years post child injury were examined to i) identify distinct symptom trajectories; ii) identify risk factors affecting trajectory group membership; and iii) explore the patterns of children and parents together. Results: Analysis predicted three distinct symptom trajectory groups for parents: resilient group (78%); recovery group (8%) with clinical level symptoms in the initial post injury period that declined below clinical by six months; and a chronic subclinical (14%) group with moderate level symptoms. Child pre-injury internalizing behavior and serious injury predicted parent’s trajectory. Children of resilient parents were most likely to be resilient. Children of chronic subclinical parents were also most likely to have chronic trajectories. Conclusion: Clinicians should not rely only on clinical level symptoms in parents to identify high risk families when designing early interventions but include families where the parent has subclinical symptoms.

Saturday: 8:00 a.m. – 9:15 a.m.

Papers

Children and Adolescents

International H – 6th Floor

Chair: Maureen Allewood, PhD

John Jay College of Criminal Justice, New York, New York, USA

Emotional Numbing and Foreshortened Future in Adolescence: Associations With Academics & Delinquency

(Abstract #772)

(Child, Prev El)

Allwood, Maureen, PhD

John Jay College of Criminal Justice, New York, New York, USA

Callous-unemotional traits (Frick et al., 2003) and a lack of future orientation (see Trommsdorff & Lamm, 1980) are key markers of adolescent delinquency, whereas similar constructs, emotional numbing and a sense of foreshortened future have been associated with trauma exposure and posttraumatic stress disorder. The possible overlap in symptom constructs (e.g., unemotional traits and emotional numbing; lack of future orientation and sense of foreshortened future) may be important links in the established association between childhood trauma, particularly violent trauma, and adolescent delinquent behaviors. We report findings from two samples of community youth. One sample consists of 123 ethnically diverse middle school students. The second sample consists of 197 ethnically diverse urban college students. Participants in both samples reported lifetime trauma and adverse life experiences, associated trauma symptoms, and emotional experiences as measured by the Emotional Numbing Scale. The middle school sample reported involvement in delinquent behaviors, whereas the college sample reported their academic progress. Findings indicate that numbing of different types of emotions and a sense of foreshortened future are differentially related to trauma exposure. In addition, numbing of specific emotions, such as fear, is associated with delinquent behaviors in early adolescents and with academic performance in young adults.

A New Illness: An Exploration of Steroid Patterns in Apathetic Refugee Children

(Abstract # 516)

(Bio Med, Civil Ref)

Sondergaard, Hans Peter, MD¹; Aaronsson, Bernice, MD²; Kushnir, Mark, MD⁴; Sandstedt, Per, MD, PhD²; Bergquist, Jonas, PhD³

¹*Trauma Clinic, Danderyds Hospital, Stockholm, Sweden*

²*Sodersjukhuset, Stockholm, Sweden*

³*Uppsala University, Center for Biomedicine, Uppsala, Sweden*

⁴*Arup Institute for Clinical & Experimental Pathology, Salt Lake City, Utah, USA*

During the year of 2003, and onwards in Sweden lethargic or unconscious adolescents who were children in families denied asylum in Sweden were seen in alarming numbers. Cases were initially seen as factitious disorder or suspected intoxication by the immigration authorities, and it was claimed that such cases had never been seen before. The epidemic abated slowly when the parliament forced the government to implement a temporary amnesty. The inflicted children recovered very slowly. Severe

traumatic events have been reported in a high number of the children and their family. In the present study, steroid hormones and intermediary metabolites were explored longitudinally in eleven children during stages of the illness until they recovered. Steroid hormones were measured by liquid chromatography tandem mass spectrometry, a highly sensitive and reliable method. At baseline, cortisol was positively associated with illness score ($Rho=.621, p=.024$) and negatively with duration of gastric tube feeding ($Rho -.636, p=.048$), as well as time to turning point (date of first movement). Pregnanes were higher during the illness state controlling for gender, puberty, and menstrual phase and allopregnanolone (3 α ,5 α -THP) was decreased. It is concluded that the condition is associated with perturbations in steroid metabolism. The study shows that measurements of multiple steroids are of interest in PTSD and related disorders.

Autobiographical Memory in Children With Acute and Posttraumatic Stress Disorder

(Abstract #543)

(Child, Clin Res)

Nixon, Reginald, PhD

Flinders University, Adelaide, South Australia

Difficulties in retrieving specific autobiographical memories is a robust finding in the adult PTSD literature, have been shown to predict PTSD development, and overgeneralised autobiographical memory processes are a core component of cognitive models of PTSD (e.g., Ehlers & Clark, 2000). This phenomenon has been understudied in children. The paper will report on the findings from two studies of children that used the Autobiographical Memory Task (AMT). In Study 1 (N=72), children who had recently experienced single-incident trauma requiring medical treatment (with and without acute stress disorder) were compared with control children admitted to hospital for non-trauma medical conditions on the AMT. Children were also followed-up 3-months posttrauma. Preliminary analyses suggest that in contrast to adult findings, children with high levels of ASD symptoms were more likely to retrieve specific rather than overgeneralised autobiographical memories. Study 2 consists of children with or without PTSD following single-incident trauma (n=42) and healthy, non-trauma exposed control children (n=25). Preliminary analyses appear to support the findings of Study 1; that is, relative to controls, symptomatic children appear to retrieve greater numbers of specific memories, with this occurring for both positive and negative cue words. The findings are discussed in relation to developmental processes and cognitive models of PTSD in children.

Concurrent Session 11
Saturday, November 7
9:30 a.m. – 10:45 a.m.

Featured Speaker

**Diagnoses, Dimensions, *DSM-V* and a
Transdiagnostic Approach: Let's Get Radical**

(Abstract #1130)

[Assess Dx/Clin Res] Peachtree B/C - 8th Floor

David Barlow, PhD, ABPP

Center for Anxiety and Related Disorders, Boston Massachusetts, USA

To address issues of comorbidity, sub-threshold presentations, and the large number of OS diagnoses. *DSM-V* will likely organize groups of disorders, including emotional disorders, along dimensions. A scheme will be presented that collapses current *DSM-IV* emotional disorders into empirically supported common dimensions shared by all disorders including temperaments, mood, current disorder constructs of "key features", and extent and types of avoidance. This approach integrates easily with new Transdiagnostic unified treatment approaches applied to a variety of emotional disorders by targeting their shared features.

Symposium

**Race and Sexual Minority-Related Stressors
in the Intersection Between Diversity and
Trauma**

(Abstract #987)

Symposium [Cul Div, Assess Dx] International C - 6th Floor

**Triffleman, Elisa, MD²; Waelde, Lynn, PhD¹; Goldblum, Peter,
PhD, MPH¹**

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

²Private Practice, Port Washington, New York

Census data indicate that 33% of the US population is a member of an ethnic minority group. By 2042, the US is projected to become a "majority-minority" nation. Concurrently, estimates indicate that up to 20.8% Americans have experienced homosexual attraction or have had same-sex sexual contact. Thus, further understanding of the relationships between ethnic or sexual diversity and traumatic stress is necessary in order to address a broad range needs and concerns across diverse populations. In this symposium organized by the ISTSS Diversity Committee, research data and a literature overview will be presented concerning relatively under-studied contributors to traumatization among ethnically- and sexually-diverse individuals. Race-related and sexual-minority-related stressors are those group-specific potentially traumatic events and conditions which impinge and encroach upon diverse individuals. Culture—those group-specific shared attitudes, values, goals, and practices internalized by members of a given group which include language and the content of a group-level identity—may be shaped by a shared traumatic history and by associated factors, such as discrimination. Thus, this symposium will give

a balanced view of the impact of communal and community-level contributors, occurring from within and from outside of individuals, to traumatization.

**Responses to Race-Related Stress Among
Diverse Ethnic Groups**

(Abstract #923)

Waelde, Lynn, PhD

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

Can race-related stressors, including microaggressions, be traumatic stressors? The current study examined exposure to microaggressions and potentially traumatizing race-related events and trauma symptoms in a study of N = 408 ethnically diverse college students and N = 167 active duty military. In both studies, exposure to microaggressions, such as being treated unfairly, rudely, or being followed because of one's race or ethnicity, was significantly associated with hyperarousal, dissociation, and the experience of fear, helplessness, and horror. About 22% (n = 91) of the college students reported ongoing reexperiencing symptoms in relation to a specific race-related stressor. This event met criteria A1 and A2 of the PTSD diagnosis for 22 students; six students met criteria for PTSD. Responses to race-related stress were not uniform among all ethnic groups: The total number of race-related stressors was significantly related to trauma symptoms in all ethnic groups except for Caucasians. Exposure to race-related stress was more strongly related to hyperarousal than to reexperiencing and avoidance symptoms. This finding may partially account for results in the literature that exposure to racial discrimination is associated with heightened cardiovascular disease risk among African Americans. Trauma assessment should include evaluation of racism-related trauma.

**The Development of the Sexual Minority
Stress Scale**

(Abstract #927)

**Goldblum, Peter B., Ph.D., MPH¹; Skinta, Matthew, PhD²;
Stevenson, Louis^{1,2}**

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

²UCSF AIDS Health Project, University of California, San Francisco, California, USA

Sexual minorities (lesbians, gay men, bisexuals, and transgendered people) continue to be the targets of stigmatization, discrimination, and violence. Sexual minority stress (SMS) has four components: internalized homonegativity (internalized negative attitudes and beliefs toward homosexuality); internalized stigma (the expectation of negative reaction from members of the majority); concealment of one's sexual identity; and sexual minority-specific potentially traumatic events (e.g. violence, bullying) and events which may contribute to traumatization (e.g. discrimination and rejection; Meyer, 2003). Recent research has highlighted the serious impact of minority stress on the psychological and physical health of sexual minority individuals. This paper will describe the development of the Sexual Minority Stress Scale (SMSS), which was designed to assess the four components of minority stress. Preliminary data will be presented from a study of gay and bisexual men clients who completed the Internalized Homophobia Scale (Curry, 2004) and the Outness Inventory (Fassinger and Mohr, 2000). Results of this study will be discussed in relation to the development of the SMSS.

Saturday: 9:30 a.m. – 10:45 a.m.

Talking About the Elephant in the Room: Factors in Traumatization in Diverse Individuals

(Abstract #965)

Triffleman, Elisa, MD

Private Practice, Port Washington, New York, USA

This symposium presents findings from studies about the role of race- and sexual-minority-related stressors and the role of culture in traumatization. These studies are of special interest because many studies of US participants have not included parameters such as race-related stressors or perceived discrimination, with exceptions such as a few US epidemiological surveys (e.g. Kessler et al. 1999), studies of Asian American Vietnam War veterans (Loo et. al (2001, 2005)) and studies of refugees in the US (e.g. Ellis et. al's (2008) study of Somali adolescents). International and US studies of refugee have also measured other potentially relevant psychosocial indices such as degree of acculturation, ethnic self-identification, experiences of daily hassles and social status. Studies of internalized bias, such as internalized homophobia, have also provided insights into the traumatization of minority groups. Such studies may point to parallel avenues for exploration in considering contributors to traumatization among diverse individuals. In this presentation, the speaker will provide an overview of the literature in these areas as a means of providing further context to the studies presented in this symposium, and as a means of considering how vital measurement of these contributors may be in future studies in the US and internationally.

Gene Expression Profiles in Peripheral Immune Cells: A Window to the Biology of PTSD

(Abstract #947)

Symposium (Bio Med, Res Meth) International D – 6th Floor

Neylan, Thomas, PhD³; Binder, Elisabeth, MD, PhD¹; Bradley, Bekh, PhD¹; Mercer, Kristina, MPH²; Deveau, Todd, BS; Ressler, Kerry, MD, PhD¹; Yehuda, Rachel, PhD⁴; Lenoci, Maryann, MA³

¹Emory University, Atlanta, Georgia, USA

²HHMI, Atlanta, Georgia, USA

³University of California, San Francisco, San Francisco, California, USA

⁴Mt. Sinai School of Medicine, Ann Arbor, Michigan, USA

Gene expression microarray analysis has facilitated the discovery of genes/pathways/proteins associated with biological and pathological processes. In the past few years has this powerful tool been used to elucidate mechanisms of action for psychiatric disorders. For example, recent investigations using microarrays have shown that major psychiatric disorders including stress, depression, anxiety, schizophrenia and Alzheimer's disease perturb multiple biological pathways that are co-expressed in the brain and peripheral immune cells (e.g. glucocorticoid signaling). A recent publication used microarray technology and found gene expression differences that distinguished those who did and did not develop PTSD after receiving treatment for a traumatic incident in the emergency department. This symposium will present RNA microarray data from different samples of PTSD and controls from New York City, Atlanta, and San Francisco. The symposium will focus on gene ontologies such as glucocorticoid signaling, and chronic inflammation that are hypothesized to distinguish PTSD from controls. The goal of the symposium will

be to demonstrate the value of gene microarray technology for testing a priori hypotheses about the biology of PTSD as well as the ability to identify new potential targets for intervention.

Gene Expression Profile in Persons Exposed to the WTC With and Without PTSD

(Abstract #1143)

Yehuda, Rachel, PhD²; Golier, Julia, MD; Galea, Sandro, MD, DrPH¹; Ising, Marcus, PhD³; Holsborer, Florian, MD; Buxbaum, Joseph, PhD¹

¹University of Michigan School of Medicine Ann Arbor, Michigan, USA

²Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

³MPI of Psychiatry, Munich, Germany

The risk for 9/11 exposure was proximity to the WTC, allowing study of PTSD in a sample unconfounded by exposure-related risk. 40 Caucasians (20 with PTSD) were selected from an epidemiologic sample of 2750, from which prospective, longitudinal data had been collected in four previous waves. Groups were matched for exposure, age, and gender. Whole blood gene expression and neuroendocrine analyses were performed. 25 probe sets were differentially expressed in PTSD. Identified genes included those involved in HPA regulation, signal transduction or in brain and immune cell function. Two probes for FKBP5 showed reduced expression level in PTSD. Results were confirmed by qPCR. Other probes identified were STAT5B, a direct inhibitor of the GR, and MHC Class II gene, both showing reduced expression in PTSD. Only few genes demonstrate gene expression x child trauma interactions. No genes interacted with 9/11 severity or adult lifetime events to predict PTSD. Reduced expression of STAT5B may contribute to higher activity of GR in PTSD. Reduced expression of MHC Class II gene is compatible with reduced cortisol levels.

Distinct Differences in Monocyte Gene Profiles Between Men and Women With PTSD

(Abstract # 1144)

Neylan, Thomas, MD¹; Sun, Bing, MD, PhD²; Lenoci, Maryann, MA¹; Rempel, Hans, PhD¹; Pulliam, Lynn, MS, PhD¹

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

²SFVAMC, San Francisco, California, USA

This presentation will present RNA microarray data from two cohorts of PTSD subjects. The first involves a sample of 18 civilian women (PTSD N= 8, Control N= 10). The second involves a sample of 50 male veterans (PTSD N= 25, Control N= 25). All subjects were medication free, medically healthy, with no current infection, negative serology for HIV and hepatitis, and no elevation in body temperature white blood cell count. Microarrays (55K genes, Applied Microarrays) were performed using bead-isolated monocytes as an indicator of peripheral immune function. Results from the female sample showed that nineteen genes were increased ≥ 1.5 fold and 8 genes were decreased < 1.5 fold [p < 0.05]. Of the 19 genes, 5 were associated with innate and adaptive immune responses. The increase in 5 genes was confirmed with RT-PCR. Preliminary results from the male sample showed a different pattern with a 2 fold decrease in the FKBP5 gene in subjects with high versus low CAPS scores. The presentation will further evaluate differences between male and female response to PTSD and how they may be related to inflammation and glucocorticoid signaling.

Gene Expression Profiles in an Impoverished, Highly Traumatized Civilian Population in Atlanta

(Abstract #1145)

Binder, Elisabeth, MD, PhD¹; Bradley, Bekh, PhD¹; Mercer, Kristina, MPH²; Deveau, Todd, BS¹; Ressler, Kerry, MD, PhD¹

¹Emory University, Atlanta, Georgia, USA

²HHMI, Atlanta, Georgia, USA

We have collected biological, physiological and psychological measures across a large cohort of primarily indigent subjects from a public hospital in Atlanta. From this larger group we have selected a subgroup of subjects to examine gene expression profiles on which we have genetic, human fear conditioning, trauma history and PTSD symptomatology data. We will focus on patterns of gene expression alteration as a function of childhood and adult trauma history and PTSD and depression symptoms. We will also examine gene expression as it relates to hypothalamic-pituitary-adrenal stress axis regulation utilizing baseline Cortisol and ACTH and following dexamethasone-suppression. We hope that by combining gene expression data with genetic, physiological and psychological risk data we will be able to move closer towards identifying biomarkers for PTSD.

Theoretical Approaches to Trauma Adaptation: Beyond PTSD

(Abstract #92)

Symposium (Clin Res, Bio Med) International E - 6th Floor

Pyszczynski, Tom, PhD³; Park, Crystal, PhD²; Bonanno, George, PhD¹; Neria, Yuval, PhD¹; Benight, Charles, PhD³

¹Columbia University, New York, New York, USA

²University of Connecticut, Storrs, Connecticut, USA

³University of Colorado, Colorado Springs, Colorado, USA

The focus of this symposium will be to present a series of empirical papers that test theory driven predictions related to trauma adaptation. We have chosen papers that focus on different aspects of adaptational processes related to trauma recovery. Dr. Bonanno will present data on theoretical predictions related to differential trajectories of recovery following traumatic life events. Dr. Neria will present data and address theoretical implications of different clinical outcomes associated with trauma exposure beyond PTSD. Dr. Pyszczynski will present data from studies on the application of terror management theory and trauma response. Dr. Park's paper will delve into the theoretical issues related to the breakdown of meaning in trauma response. Each presenter will be asked to discuss the implications of their research with the changes in the DSM system.

Post-Traumatic Stress Responses as Disruption of Normal Anxiety-Buffer Functioning

(Abstract #1106)

Pyszczynski, Tom, PhD; Benight, Charles, PhD

University of Colorado Springs, Colorado Springs, Colorado, USA

Terror management theory posits that an effective anxiety-buffering system is essential for psychological well-being. We propose that dramatic confrontations with death and vulnerability can disrupt normal anxiety-buffer functioning, thus leading to Post-traumatic Stress Disorder. Without a functioning anxiety-buffer, the person is vulnerable to intrusive thoughts, avoidance of threat-related stimuli, and hypersensitivity to arousal, which are the three major symptom clusters of PTSD. This breakdown of normal anxiety-buffering functions is associated with, and perhaps set in motion by, dissociative experiences at the time of the trauma. Research conducted with survivors of an earthquake in Iran, a civil war in the Ivory Coast, domestic violence, and military deployment in Iraq and Afghanistan supports this analysis, showing that: (1) pertraumatic dissociation one month post-trauma and PTSD symptoms two years post-trauma are associated with four different types of atypical anxiety-buffer responses to reminders of death or the traumatic event, (2) these atypical anxiety-buffer responses mediate the relationship between dissociation and PTSD severity two years post-trauma, (3) individuals with higher levels of trauma exposure increase reports of PTSD symptoms when reminded of death whereas those with lower levels of exposure do not. The potential of this approach for integrating ideas about trauma will be discussed.

Beyond PTSD: Trauma Exposure and Risk of GAD, Depression, and Bipolar Disorder

(Abstract #116)

Gameroff, Marc, PhD; Weissman, Myrna, PhD; Neugebauer, Richard, PhD; Westphal, Maren, PhD; Neria, Yuval, PhD; Olfson, Mark, MD

Columbia University, New York, New York, USA

Most trauma research is narrowly focused on PTSD. While the trauma-PTSD association has gained considerable empirical support, much less is known about associations between trauma and other psychiatric disorders. We examined relationships of exposure to trauma with generalized anxiety disorder (GAD), depression, and bipolar disorder (BD), as well as with pain interference and functional impairment in a systematic sample (n = 474) of adult primary care patients from an urban general medicine practice underwent comprehensive structured assessments. We found that patients who screened positive for GAD, depression, and BD, were more likely to report trauma history, especially physical and sexual abuse than patients who screened negative for these disorders. In addition, trauma history was associated with elevated levels of pain interference and functional impairment. These associations persisted after controlling for selected background characteristics, and comorbid conditions including PTSD. These results suggest a need to expand the framework of trauma-related psychopathology beyond PTSD; to better understand the strength and moderators of these associations; and to develop targeted interventions to ameliorate a wide range of potential adverse outcomes following exposure to trauma.

Saturday: 9:30 a.m. – 10:45 a.m.

Post-Traumatic Stress Responses as Meaning Violation: A Test of Worldview Theory

(Abstract # 421)

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

University of Connecticut, Storrs, Connecticut, USA

The worldview/meaning violation perspective, focusing on the impact of trauma on individuals' belief systems as the origin of PTSD symptomatology, has garnered some empirical support (e.g., Moser, Hajcak, Simons, & Foa, 2007). However, little research has examined how global and situational beliefs together relate to symptomatology. We tested this perspective in a study of college students who had experienced *DSM-IV* criterion A2 terror/helplessness after exposure to *DSM-IV* level trauma. Results indicated that appraisals of the trauma as violating their global worldviews (assessed with the Meaning Scale; Park, 2009) as well as negative global worldviews (assessed with the PTCL; Foa et al., 1999) predicted PTSD symptomatology (assessed with the PTSD, Foa et al., 1997). Further, the impact of situational appraisals (violation) on PTSD symptomatology was fully mediated through negative global worldviews (self, world, self-blame), supporting the notion that appraisals of violation damage global worldviews. These results are discussed regarding the need for inclusion of a cognitive meaning perspective in conceptualizations of PTSD symptomatology.

Panel Presentation

Development of Child Bereavement Guidelines: Diagnostic & Treatment Matching Considerations

(Abstract #122)

Panel Discussion (Prev El, Child) International H - 6th Floor

Demaria, Thomas D., PhD²; Gurwitch, Robin, PhD¹; Schonfeld, David, MD¹

¹*Cincinnati Children's Hospital, Cincinnati, Ohio, USA*

²*LI University C.W. Post, Oceanside, New York, USA*

An increasing number of children are exposed to traumatic events often involving the unexpected death of friends, family members and/or caregivers. Research has consistently found that the successful adaptation to this sudden loss can foster resiliency in the child. For many children, however, death of a significant other can have a profound negative impact especially if the loss disrupts the availability of caregivers and precipitates a significant change in their surroundings. Schools play an important role during the recovery process. The efficacy of a variety of school based bereavement approaches will be reviewed by the panel members, with a careful analysis of the matching of possible prevention and clinical interventions depending on the diagnosis, cultural background and developmental level of the child. The implications for training and education of new bereavement intervention guidelines created by the National Center for School Crisis & Bereavement (NCSCB) will be reviewed. These guidelines were developed based on the consensus of NCSCB advisory board members following the analysis of several hundred school bereavement interventions

provided by the NCSCB members from the fields of education, nursing, pediatric medicine, psychology and social work.

Papers

Psychophysiological Research

Augusta II & III - 7th Floor

Chair: Anke Karl, PhD

School of Psychology, University of Southampton, United Kingdom

Genetic Polymorphism and Startle Response in Treatment-Seeking Accident Survivors

(Abstract #199)

(Bio Med, Clin Res)

Karl, Anke, PhD¹; Malta, Loretta, PhD²; Strobel, Alexander, PhD³; Poehnitzsch, Katza⁴; Rabe, Sirko, MA⁴

¹*School of Psychology, University of Southampton, United Kingdom*

²*Stratton VA Medical Center, Albany, New York, USA*

³*Technische Universität, Daespen, Germany*

⁴*Dresden University, Dresden, Germany*

Recent research highlights the role of risk factors in the aetiology of PTSD. Genetic polymorphisms that are associated with the efficiency of serotonergic neurotransmission have been of interest. The aim of the current study was to investigate the association between PTSD, serotonin transporter and receptor polymorphism and startle responses to neutral and emotional stimuli. We invited 93 participants; 68 treatment-seeking accident survivors with PTSD (n=19), with subsyndromal PTSD (n=27) and without PTSD (n=22) and 25 non-exposed matched controls. Participants were presented 120 trauma-related and non-related pictures and 40 startle stimuli while their physiological responses (EEG, heart rate, skin conductance, startle EMG) were recorded. We determined EMG and P200 component of the event-related potential to startle sounds in the context of different emotional conditions. Mean startle EMG and P200 responses were not associated with PTSD diagnosis but with genetic polymorphisms. Specifically, female carriers of the short allele of the 5HTTLPR polymorphism showed elevated responses as compared to carriers of the long allele. Analysis of EMG startle habituation revealed a differential pattern in participants with and without PTSD diagnosis. Our results indicate that emotional physiological reactivity in survivors of type I trauma may be partly associated with a biological predisposition.

Single Versus Multiple Trauma Exposure in the Defensive Psychophysiology of PTSD

(Abstract #457)

(Assess Dx, Bio Med)

McTeague, Lisa, PhD¹; Lang, Peter, PhD¹; Shumen, Joshua, BS²; Laplante, Marie-Claude, PhD¹; Bradey, Margaret, PhD²

¹*University of Florida, Gainesville, Florida, USA*

²*UF NIMH CSEA, Gainesville, Florida, USA*

The current study explored whether PTSD secondary to multiple compared to single traumatic exposure would evidence greater physiological sensitization during aversive imagery. Principal PTSD patients (n=49) and controls (n=76) imagined scenarios

while startle reflex and responses in heart rate, skin conductance level (SCL) and facial electromyography were recorded. PTSD patients as a whole reliably exceeded controls in startle reflex, autonomic responding, and facial expressivity during idiographic trauma imagery and, although less pronounced, showed increases relative to controls to standard anger, panic, and physical danger imagery. While controls with and without trauma exposure showed isomorphic patterns, single-exposed PTSD evinced robust responses, foremost to idiographic trauma imagery but also more broadly, and typically exceeded both controls and multiple-exposed PTSD. The latter, in addition to obtunded responses, also demonstrated poor affective discrimination and physiological system discordance. As well as more extensive trauma, the multiple- relative to single-exposed PTSD group sustained substantially more chronic and severe PTSD, comorbidity, and dimensional dysphoria (e.g., trait anxiety). Whereas PTSD secondary to one discrete event concordantly sensitizes defensive reflexes during aversive imagery, PTSD from cumulative trauma confers propensity for discordant and even hypo-reactivity, presumably from sustained hyperarousal that resulted in eventual defensive impairment and broad negative affectivity.

Toward DSM-V: Psychophysiological (qEEG) Correlates of PTSD Subtypes

(Abstract #686)
(Assess Dx, Bio Med)

Bradshaw, Richard, PhD¹; McDonald, Marvin, PhD¹; Swingle, Paul, PhD²; Heinrichs, Kristelle, MA¹; Faas, Lindsay, BA¹; Mariano, Michael, MA²

¹Trinity Western University, Langley, British Columbia, Canada
²Swingle and Associates, Vancouver, British Columbia, Canada

Quantitative encephalography (qEEG) was applied during three conditions, within a larger comparative experimental treatment outcome study: First, a baseline (relaxation) condition; secondly, a script-driven symptom provocation condition (50-sec audiotape); and finally, a trauma memory interview condition. A series of 15-sec runs included eyes open and eyes closed measurements. Readings were analyzed from F3, F4, Fz, Cz, P3, P4, O1 and O2. In a sample of 25 women diagnosed with PTSD following sexual assaults (CAPS scores > 45), three distinct subgroups were identified using a collection of qEEG variables, current physical symptoms, and trauma histories. In addition, it appeared that at least one of the groups (group with most observed dissociation) showed signs of alexithymia, characteristically associated with diagnoses of complex PTSD and dissociative disorders. That subgroup evidenced alpha suppression, and several participants in that (most severe) group evidenced a high Theta/Beta ratio at O1, associated with dissociation. The middle subgroup showed the greatest number of parietal alpha asymmetries and the least severe subgroup had more participants evidencing unusually low HiBetaGamma/Beta ratios over the ACC (Fz), associated with passivity. The majority of participants in all three subgroups evidenced excessive HiBetaGamma/Beta activity over the ACC and low Theta/Beta ratios in the occiput.

Amygdala vs. Anterior Cingulate Volumes in Early Adversity and PTSD

(Abstract #785)
(Bio Med, Child)

Woodward, Steven, PhD²; Kaloupek, Danny, PhD¹; Leskin, Lorraine, PhD³; Kutter, Catherine, PhD⁴

¹VA Boston Healthcare System, Boston, Massachusetts, USA
²VA National Center for PTSD, Palo Alto, California, USA
³Sepulveda VA Ambulatory Care, Foster City, California, USA
⁴VA Medical Center, White River Junction, Vermont, USA

The anterior cingulate cortex (ACC) projects fibers terminating in inhibitory synapses to the amygaloid nuclei which are thought to play important roles in regulating behaviors. ACC volume has been shown to be smaller in PTSD. Karl et al (2006) concluded that left amygdala was also smaller; however, Tottenham (2008) reported amygdala volume, expressed as a percentage of brain volume, to be larger in children with histories of early adversity. We examined amygdala volume independently and in relation to ACC volume in a sample of 99 US veterans with and without combat-related PTSD and/or pre-military trauma. Amygdala volumes were measured manually following the protocol of Kates et al (1997) in volumetric SPGR image series acquired at 1.5 T. Cerebral tissue and ACC volumes were available from prior studies (Woodward et al, 2006, 2007). Neither raw amygdala volumes nor volumes residualized with respect to cerebral volume exhibited effects of PTSD or alcoholism. Residualized amygdala volume was significantly larger in participants reporting a Criterion A event prior to age 8. A combined index of relative amygdala vs ACC volume (residualized amygdala minus residualized ACC) was also larger in participants traumatized prior to age 8 or age 18. The latter analysis permitted crossing early trauma with PTSD and alcoholism. Both PTSD and trauma prior to 18 were associated with larger relative amygdala volumes, but these effects were additive rather than synergistic. These results provide preliminary support for the proposition that the amygdala is relatively larger in persons with early adversity and adult PTSD.

Gray Matter Changes in Limbic Cortex in PTSD Are Associated With Trauma Load and EMDR Outcome

(Abstract #856)
(Bio Med, Assess Dx)

Pagani, Marco, MD, PhD¹; Nardo, David, MD²; Höberg, Göran, MD, PhD³; Larson, Stig, PhD¹

¹STC-CNR, Rome, Italy & Department of Nuclear Medicine, Krolinska Hopsital, Stockholm, Sweden
²Department of Psych, Sapienza University, Rome, Italy
³Department of Clinical Neuro Science, Stockholm, Sweden

There is converging evidence of gray matter (GM) structural alterations in different limbic structures in Post-Traumatic Stress Disorder (PTSD) patients. The aim of this study was to evaluate GM reduction in PTSD in relation to trauma load, and to assess the volumetric differences between responders (R) and non-responders (NR) to EMDR therapy. Magnetic Resonance Imaging scans of 21 subjects exposed to occupational trauma, who developed PTSD (S), and of 22 who did not (NS), were compared by means of an optimized Voxel-Based Morphometry (VBM) analysis as implemented in SPM. Within S, further comparisons were made between 10 R and 5 NR. A regression analysis between GM density and the Traumatic Antecedents

Saturday: 9:30 a.m. – 10:45 a.m.

Questionnaire (TAQ) was also performed on all 43 subjects. Results showed a highly significant GM volume reduction in S as compared to NS, bilaterally in posterior cingulate and in the left hemisphere in precuneus, lingual and parahippocampal gyri. Moreover, NR showed a highly significant GM volume reduction as compared to R in bilateral posterior cingulate, as well as insula, parahippocampal gyrus and amygdala in the right hemisphere. Regression analysis showed that GM volume reductions positively correlated with trauma load in bilateral anterior and posterior cingulate and right parahippocampal gyrus. In conclusion, GM volume reductions in posterior cingulate and parahippocampal cortex were associated with PTSD diagnosis, trauma load, and EMDR treatment outcome.

Papers

Substance Abuse

International F – 6th Floor

Chair: Lissette, Saavedra, PhD

RTI International, Research Triangle Park, North Carolina, USA

Psychosocial Correlates of Comorbid Alcohol and Drug Use Among Adolescent Sexual Assault Victims

(Abstract #225)

(Child, Clin Res)

Orchowski, Lindsay, MS¹; Gidycz, Christine, PhD²

¹*Brown University, Cumberland, Rhode Island, USA*

²*Ohio University, Dept of Psychology, Athens, Ohio, USA*

Substance use is a significant risk factor for sexual assault. The current study investigates psychosocial correlates of alcohol and drug use among women with a history of adolescent sexual assault (ASA). Undergraduate women (N=374) completed measures of sexual assault, substance use, disclosure, contextual factors (e.g., coping, social support, attributions of blame) and dating behaviors. Women with a history of ASA (N=134) were placed into the following groups: 1) hazardous alcohol use, 2) hazardous alcohol and drug use, and 3) non-problematic alcohol or drug use. A series of one-way analyses of variance were calculated to explore differences in disclosure, contextual factors and dating behaviors between groups. Groups varied in the following factors relating to disclosure: perceived risk and distress in disclosure, $F(2,126)=6.00, p<.01$; $F(2,127)=5.03, p<.01$; self-concealment, $F(2,128)=10.48, p<.01$; controlling responses to disclosure, $F(2,126)=3.84, p<.05$; and blaming responses to disclosure, $F(2,125)=3.06, p=.05$. Groups varied in following contextual factors: guidance from others, $F(2,127)=12.74, p<.01$; attachment to others, $F(3,127)=3.92, p<.05$; behavioral self-blame, $F(2,127)=3.85, p<.05$; coping via emotional support, $F(2,125)=3.35, p<.05$; use of avoidance to cope, $F(2,125)=5.37, p<.01$; and self-esteem, $F(2,126)=14.54, p<.001$. Groups varied on the following dating behaviors: self-protection, $F(2,127)=5.29, p<.01$; and sexual communication, $F(2,123)=4.85, p<.01$. Post-hoc analyses and implications will be discussed.

Alcohol Use and Posttraumatic Stress Disorder in Australian Military Veterans

(Abstract #535)

(Clin Res, Practice)

Averill, Lynnette, MS^{1,2,3}; Parslow, Ruth, MPH, PhD^{1,2}; Lewis, Virginia, PhD^{1,2}; Forbes, David, PhD^{1,2}

¹*Australian Centre for Posttraumatic Mental Health, University of Melbourne, East Melbourne, Victoria, Australia*

²*University of Melbourne, East Melbourne, Victoria, Australia*

³*University of Utah, Salt Lake City, Utah, USA*

Studies of both military veterans and civilians show that Posttraumatic Stress Disorder (PTSD) and alcohol use problems are the most commonly occurring comorbid psychiatric conditions among men. Given this relationship's high prevalence it is important to understand the relationship and interaction between PTSD and alcohol use in order to provide effective prevention and intervention strategies. The current study explores this relationship in 610 Australian military veterans (mean age 55.12[10.34]). These veterans have participated in a moderate-intensity day hospital PTSD treatment program and data analysis includes intake and 9-month follow-up. Data is categorized according to risk levels of the Alcohol Use Disorders Identification Test (AUDIT). Structural Equation Modeling (SEM) was used to test models of change in PTSD symptomology according to the PTSD Checklist (PCL) based on AUDIT risk level. The results suggest alcohol risk impacts both PCL symptom severity and which PTSD symptom cluster is most predictive of overall PCL scores at time two (intrusion, avoidance, arousal). These results may provide some insight into how to tailor clinical interventions for PTSD based on alcohol use and risk. Chi-squares, CFI, TLI, and RMSEA will be provided for all models.

Posttraumatic Stress Symptoms and Nicotine Withdrawal Interact to Predict Anxious Responding

(Abstract #505)

(Clin Res, Prev El)

Vujanovic, Anka, PhD¹; Bernstein, Amit, PhD³; Marshall, Erin, BA²; Zvolensky, Michael, PhD²

¹*Brown Medical School, Providence, Rhode Island, USA*

²*University of Vermont, Burlington, Vermont, USA*

³*Department of Psychology, University of Haifa, Haifa, Israel*

Posttraumatic stress and smoking co-occur at high rates, yet there is limited work focused on the processes underlying this association. The current investigation tested the main and interactive effects of posttraumatic stress symptom severity and nicotine withdrawal group status (random assignment of participants to 12-hour nicotine deprivation vs. smoking-as-usual) in the prediction of anxious responding to a 4-minute carbon dioxide-enriched air laboratory challenge. A sample of 74 (34 women; Mage = 29.9) trauma-exposed daily smokers was recruited. Results indicated a significant effect [$F = 3.83, p < .05$], with posttraumatic stress symptom severity ($p = .02$), nicotine withdrawal group status ($p = .001$), and their interaction ($p = .037$) each emerging as significant predictors of anxious responding during the challenge, after covarying for pre-challenge anxiety. Specifically, significant main effects for withdrawal group status (p 's $< .05$) at minutes 1 and 2 of the challenge emerged. At minutes 3 and 4 of the challenge, significant effects for posttraumatic stress symptom severity (p 's $< .05$), withdrawal group status (p 's $< .01$), and their interaction (p 's $< .05$) were

evident. Highest levels of anxiety were reported by individuals with heightened posttraumatic stress, with the smoking-as-usual group manifesting higher levels of anxiety than the nicotine deprivation group. Theoretical and clinical implications will be discussed.

Effectiveness of Seeking Safety Intervention for Women With Comorbid PTSD + Substance Use Disorders

(Abstract #989)
(Clin Res, Res Meth)

Morgan-Lopez, Antonio, PhD²; Hien, Denise, PhD¹; Saavedra, Lissette, PhD²

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

²RTI International, Research Triangle Park, North Carolina, USA

Conceptualizing clinically significant change among patients with chronic conditions such as comorbid PTSD + SUDs involves looking beyond remission of symptoms into behaviors that better indicate recovery. Given the chronic nature of PTSD + SUDs, and the vulnerability that individuals with these conditions have to relapse, conceptualizing sustained effectiveness as the recognition that help may be needed after the intervention in the form of post-treatment help-seeking behavior may be a useful indicator of outcome and clinical significant change. The present study explores utility of recovery management paradigm for evaluating the most widely used treatment for PTSD + SUDs among trauma-exposed women (Seeking Safety). Substance use problem severity, mental health symptoms, and trauma symptoms were measured at baseline, post and follow-up. Results indicated that for women who engaged in post-treatment AA/NA at the average rate Seeking Safety accounted for greater decreases in alcohol use over time from 1 week post through 12 month follow-up compared to women in the comparison condition; however, for women who did not attend any post-treatment AA/NA, women in SS had steeper increases in alcohol use over time. Similar findings are reported for cocaine and marijuana use. Results are discussed in terms of the recovery management paradigm for conceptualizing outcomes for PTSD + SUDs.

Papers

Humanitarianism

Augusta I – 7th Floor

Chair: Wietse Tol, PhD

HealthNet TPO, Kathmandu, Nepal

Developing a Research Agenda for Mental Health and Psychosocial Support in Humanitarian Settings

(Abstract #473)
(Disaster, Clin Res)

Tol, Wietse, PhD²; Panter-Brick, Catherine, PhD³; Patel, Vikram, PhD, MD⁴; Sondorp, Egbert; MD, MPH⁴; Tomlinson, Mark, PhD⁵; Van Ommeren, Mark, PhD⁶; Wessels, Mike, PhD¹; Galapatti, Ananda, PhD Student⁷; Silove, Derrick, MD, PhD⁸

¹Randolph-Macon College, Ashland, Virginia, USA

²HealthNet TPO, Kathmandu, Nepal

³Durham University, Durham, United Kingdom

⁴LSHTM, London, United Kingdom

⁵Stellenbosch University, Stellenbosch, South Africa

⁶World Health Organization, Geneva, Switzerland

⁷Peace Building & Development Institute, Sri Lanka

⁸University of New South Wales, Australia

Currently, a weak evidence base exists to guide mental health and psychosocial support programs in emergency settings in low- and middle-income countries, where the majority of emergencies take place. Moreover, mental health and psychosocial research activities are not guided by a consensus priority agenda and a number of debates continue to divide the field. The development of a consensus research agenda on mental health and psychosocial support in humanitarian settings, agreed upon by relevant international stakeholders, would move the field forward by contributing to the direction of scarce research resources in a more coordinated, coherent and cost-effective manner. Aimed at filling this gap, a group of international actors representing academic and humanitarian organizations from high and low- and middle-income settings initiated a procedure to develop a consensus research agenda. Based on methodology developed by the Child Health and Nutrition Research Initiative, this effort emphasizes a broader definition of health research as an activity that aids to improve health rather than focus purely on the generation of new knowledge. This presentation will discuss the process and outcome of this consensus development effort, including a list of research priorities and their ratings by a group of more than 200 international stakeholders.

Saturday: 9:30 a.m. – 10:45 a.m.

Workshop

Evaluating and Treating Unemployability in Veterans With PTSD

(Abstract #475)

Workshop (Assess Dx, Practice) **International G – 6th Floor**

Garrick, Jacqueline, LCSW-C, BCETS; Williams, Mary, PhD LCSW CTS

Trauma Recovery Education & Counseling Center, Warrenton, Virginia, USA

There are serious complications with PTSD that impact a veteran's ability to obtain and sustain gainful employment. PTSD symptoms often prevent veterans from adjusting to the civilian work environment resulting in multiple jobs or under-employment. These issues can be addressed with proper evaluation and treatment protocols. This session will focus on assessing veterans with PTSD for employability along with the skills needed to foster a return to work attitude and the ability to function in a structured occupational setting. Discussion will also include issues specific to disability compensation for individual unemployability and the use of vocational rehabilitation offered through the Department of Veterans Affairs.

The Implementation and Effectiveness of an Assistance Dog Training Intervention for PTSD

(Abstract #377)

Workshop (Clin Res, Mil Emer) **Vinings I & II - 6th Floor**

Alvarez, Jennifer, PhD¹; Yount, Rick, BA, LSW³; Puckett, Melissa, MS¹; Wyman, Caroline, BA¹; McLean, Caitlin, BS¹; Meisinger, Sara, BS²

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

²*Department of Defense, Washington, District of Columbia, USA*

³*Assistancedog.org, Santa Rosa, California, USA*

Cognitive Processing Therapy, Prolonged Exposure and other evidence-based treatments for PTSD are currently being disseminated and implemented in VA and DoD. However, even after treatment, approximately 60% of veterans still meet criteria for a PTSD diagnosis (Monson, et al., 2006; Schnurr et al., 2007), indicating a significant need for adjunctive treatments. The authors will describe Paws for Purple Hearts (PPH), an assistance dog training intervention that engages veterans and active duty military personnel with PTSD in training service dogs. The trained dogs are then placed with veterans with combat-related disabilities. The authors will engage the audience in an interactive discussion regarding the challenges and lessons learned implementing PPH in two different treatment settings: a VA PTSD Residential Rehabilitation Program and the Walter Reed Warrior Transition Brigade. We will present descriptive data regarding the effectiveness of the intervention for ameliorating PTSD and associated problems and discuss the potential mechanisms of improvement in symptoms and functioning. Preliminary results indicate that patients participating in PPH experienced significant improvements in treatment motivation/engagement, sleep, patience, social isolation, anxiety, self-esteem, mood, future outlook, sense of purpose, and numbing. More detailed descriptive data will also be discussed.

Using ISTSS Expertise to Improve Global Policies Related to Trauma

(Abstract #797)

Workshop (Soc Ethic/Media Ed) **Roswell - 8th Floor**

Elmore, Diane, PhD, MPH¹; Gerrity, Ellen, PhD²; Danieli, Yael, PhD³

¹*American Psychological Association, Public Interest Government Relations Office, Washington, District of Columbia, USA*

²*Duke University, National Center for Child Traumatic Stress, Bethesda, Maryland, USA*

³*Group Project for Holocaust Survivors and Their Children, New York, New York, USA*

The ISTSS membership has a great deal of scientific and clinical expertise to add to the global public policy dialogue. Under the direction of the organizational leadership, the ISTSS Public Policy Committee has become increasingly active in recent years. This presentation will highlight some of the recent and ongoing efforts of the ISTSS Public Policy Committee. First, a brief historical overview of the Committee will be presented. Next, strategies for successful advocacy will be discussed using recent Committee accomplishments, including the 2008 congressional briefing co-hosted by ISTSS and the work of the ISTSS delegation at the United Nations. In addition, several recent ISTSS policy initiatives will be discussed, including the Working Group on Global Combat and PTSD, and efforts to recognize and support policymakers who display leadership and have a strong interest in trauma policy issues. Finally, presenters will invite participants to share their policy expertise with the Committee and identify opportunities for active engagement in public policy activities.

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

Presidential Panel

Issues in the Field of Traumatic Stress Through the Eyes of Previous ISTSS Presidents

(Abstract #1137)

Featured Speaker (Practice, Soc Ethics) **Peachtree B/C - 8th Floor**

Figley, Charles, PhD¹; Bloom, Sandra, MD²; Wilson, John, PhD³; Schnurr, Paula, PhD³; Keane, Terence, PhD⁴; McFarlane, Alexander, MBBS(Hons) MD, FRANZCP⁵

¹Tulane University, New Orleans, Louisiana, USA

²CommunityWorks, Philadelphia, Pennsylvania, USA

³VA Medical & Regional Office, White River Junction, Vermont, USA

⁴VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA

⁵University of Adelaide, Adelaide, Australia

This panel will synthesize trends in the field of traumatic stress from the past 25th years. Dr. Sandra Bloom (the 12th ISTSS president) will describe trends in understanding and facing important and changing issues in the field. Dr. John Wilson (2nd president) will focus on stress response syndromes and their conceptualization over time. Dr. Paula Schnurr (18th ISTSS president) will focus on the evolution of the science of trauma and PTSD. Dr. Terry Keane (11th ISTSS president) will focus on clinical innovation and treatment development trends. Dr. Sandy McFarlane (13th ISTSS president) will discuss the internationalization the field throughout its related fields.

Symposium

Developmental Trauma Disorder: Empirical Evidence of Diagnostic Validity

(Abstract #709)

Symposium (Assess Dx, Child) **Peachtree D/E - 8th Floor**

D'Andrea, Wendy, PhD³; Kisiel, Cassandra, PhD⁴; Stolbach, Bradley, PhD²; Ostrowski, Sarah, PhD¹

¹Duke University National Center for Child Trauma Stress, Durham, North Carolina, USA

²La Rabida Children's Hospital, Chicago, Illinois, USA

³Trauma Center at JRI, Brookline, Massachusetts, USA

⁴Northwestern University Feinberg School of Medicine, Chicago, USA

The current diagnostic system is limited in its ability to accurately capture the symptom presentation of children exposed to ongoing traumas. As part of its submission to the DSM-V, sites from the National Child Traumatic Stress Network (NCTSN) have analyzed and presented data to examine the empirical validity of Developmental Trauma Disorder (DTD) as a viable conceptualization of the sequelae of chronic interpersonal traumatization in children. This symposium will present data on 50 children in outpatient trauma specialty clinics throughout the country, 200 children in an urban trauma center, 2590 children enrolled in NCTSN sites, and 7700 children in state custody. Data were analyzed in light of the current conceptualization of DTD

criteria. These data are consistent in their support of DTD as a potentially valid diagnosis. Empirical considerations of the data will be discussed.

Complex Trauma Exposure and Symptoms in Child Welfare: Evidence for Developmental Trauma Disorder

(Abstract #741)

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

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

In order to support the utility of Developmental Trauma Disorder (DTD), patterns of trauma exposure and symptoms associated with complex trauma and DTD were identified within a large data set in Illinois. These data were collected in conjunction with the Illinois Department of Children and Family Services (IDCFS) as part of a front-end comprehensive assessment process. The primary mental health assessment included the IDCFS Child and Adolescent Needs and Strengths (CANS) Comprehensive, an instrument used for trauma-focused and strengths-based assessment, treatment and service planning. The sample included approximately 8000 youth, ages 0-18. Data were collected on a range of trauma experiences, child and caregiver needs and strengths. Analyses were conducted in light of the proposed DTD criteria related to patterns of trauma exposure and areas of dysregulation. Results from this large-scale study offer support for the DTD diagnosis. The vast majority of youth within the Illinois child welfare system had significant trauma-related needs but will not qualify for a diagnosis of PTSD and rather will likely meet criteria for several other non-trauma related diagnoses. A new diagnosis of DTD would more adequately capture the spectrum of needs of these youth and link to more appropriate and effective treatment and services.

Complex Trauma Histories, PTSD, and Developmental Trauma Disorder in Traumatized Urban Children

(Abstract #826)

Stolbach, Bradley, PhD; Dominguez, Renee, PhD; Rompala, Vikki, LCSW; Gazibara, Tanja

La Rabida Children's Hospital, Chicago, Illinois, USA

Although PTSD is frequently diagnosed in children with complex trauma histories, many present with diverse symptoms beyond simple PTSD. The diagnosis of Developmental Trauma Disorder (DTD) accounts for the complex symptom profiles presented by many children exposed to ongoing violence and disruptions of protective caregiving. This study utilized self-, caregiver- and clinician-report measures to examine relationships among characteristics of trauma exposure, adverse experiences, PTSD, DTD criteria, and other childhood disorders in 200 children seen at an urban trauma-focused treatment center. Children averaged 5.8 total adversities, with 75% exposed to 2 or more traumatic stressors and over 60% meeting PTSD criteria. PTSD diagnosis and symptoms were unrelated to exposure variables. Children with histories consistent with the proposed DTD criterion A, however, had higher self-reported conduct disorder, dysthymia, CBCL Externalizing, Child Dissociative Checklist, and Child Sexual Behavior Inventory scores than others. DTD Criterion A-exposed children were reported to exhibit higher levels of

Saturday: 11:00 a.m. – 12:15 p.m.

a wide range of non-PTSD difficulties, including inability to self-soothe, extreme affective shifts, and problems labeling feelings. Results support the need for a childhood diagnosis that can account for a wide range of symptoms and developmental impairments in multiply traumatized children.

Developmental Trauma Disorder: Results From the National Child Traumatic Stress Network

(Abstract #892)

Ostrowski, Sarah, PhD²; Briggs-King, Ernestine, PhD¹; Stolbach, Bradley, PhD⁴; Pynoos, Robert, MD MPH³; Fairbank, John, PhD¹

¹Duke University Medical Center, Durham, North Carolina, USA

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

³La Rabida Children's Hospital, Chicago, Illinois, USA

⁴UCLA School of Medicine, Los Angeles, California, USA

Traumatic stress in childhood often co-occurs with other types of victimization and other adverse experiences. Children living in environments of ongoing danger, maltreatment, and impaired caregiving may show signs of impairment regardless of PTSD status. Data from the National Child Traumatic Stress Network (NCTSN) examined differences in the clinical presentation of children who experienced a range of adverse experiences and who met proposed DTD criteria with those children who experienced ongoing traumatic stress alone or isolated traumatic stress alone (n=2590). One thousand eight hundred and forty five children experienced ongoing traumatic stress with neglect, emotional abuse, and/or impaired caregiver. These children were found to have more pervasive depressed mood, more sleep disturbances and physical manifestations of stress, more problems with dissociation, persistent social fears, attachment problems, and more substance abuse problems than others (all ps>.01). Furthermore, these results remained statistically significant even when statistically controlling for PTSD symptom severity (all ps>.05). Results underscore the importance of examining childhood adverse experiences and impairments in functioning in children who experience a range of adverse events.

Developmental Trauma: Symptom Profiles of Children Exposed to Relational Trauma

(Abstract #921)

D'Andrea, Wendy, PhD²; Spinazzola, Joseph, PhD²; van der Kolk, Bessel, MD¹; Dekel, Rachel, PhD³

¹Boston University School of Medicine, Boston, Massachusetts, USA

²The Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA

³Bar-Ilan University, Ranat Gan, Israel

The current diagnosis available to document the consequences of exposure to traumas is PTSD. However, this diagnosis does not capture the multiple effects of interpersonal trauma exposure. The current work identifies the most significant presenting symptoms among children who have been exposed to relational traumas and examines the association between age, gender, exposure and subsequent symptom profiles. Clinicians from six sites specializing in the treatment of chronically traumatized children provided information on 50 children impacted by relational trauma. Data included case vignettes, trauma history and comprehensive symptom checklist which included the representative symptoms of child relevant DSM-IV disorders. The average number of types of traumatic exposures in this sample

was six. Children presented extensive and diverse symptoms, with half exhibiting more than 32 symptoms. Symptoms increased linearly with number of exposures. The most pervasive problems, experienced by more than 75% of the children, were in the areas of regulation of affect and impulses and attentional problems. These findings indicate that PTSD may not fully capture symptoms experienced by children exposed to relational trauma. The symptoms identified in this study could serve as an important step to create a new diagnosis to capture the consequences of relational traumas.

ISTSS at the United Nations in 2009

(Abstract #644)

Symposium (Soc Ethic, Prev El) International C - 6th Floor

Turner, Stuart, MD, MA, FRCP, FRCPsych³; Danieli, Yael, PhD¹; Mattar, Mohamed, SJD²; Carll, Elizabeth, PhD⁴

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

²John Hopkins University School of Advanced International Studies, Baltimore Maryland, USA

³Trauma Clinic, London, United Kingdom

⁴ISTSS Representative to the United Nations, New York, New York, USA

This multidisciplinary symposium will highlight ISTSS collaborative participation in major initiatives of the work of the United Nations system during 2009. It will review progress, note areas of difficulty, and critically evaluate failures. This discussion will recommend future directions and related activities.

ISTSS at the United Nations in 2009

(Abstract #647)

Danieli, Yael, PhD

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

Dr. Danieli's presentation will give an overview of some of the UN work related to violence, crime prevention and criminal justice, counterterrorism, atrocity crimes (genocide, crimes against humanity and war crimes), the responsibility to protect, peace building, and reconciliation –centering primarily on developing and improving international mechanisms addressing victims' concerns.

United Nations Resolutions and the Human Rights of Women

(Abstract # 647)

Danieli, Yael, PhD¹; Carll, Elizabeth, PhD²; Mattar, Muhammed, SJD³

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

²ISTSS Representative to the United Nations, New York, New York, USA

³Trauma Clinic, London, United Kingdom

The major U.N. resolutions and declarations promoting human rights of women and gender equality will be examined. The need to not only develop, but implement resolutions to prevent egregious human rights violations such as violence against women and girls, rape as a weapon of war, trafficking and enslavement of women, child marriages, and child pornography and promote equality will also be discussed. Violation of human rights and gender inequality is not only detrimental to women, but to the social, health, economic, and political development of industrialized and developing nations. The four major

gender-focused entities at the United Nations will be discussed as well as the need for one consolidated office to increase effectiveness. The four entities include the Office of the Special Adviser on Gender Issues, the Division for the Advancement of Women, the UN Development Fund for Women (UNIFEM) and the UN International Research and Training Institute for the Advancement of Women (INSTRAW). Time will be allotted for questions and answers.

Comparative Models of Reporting Mechanisms on the Status of Trafficking in Human Beings

(Abstract # 649)

Mattar, Mohamed, SJD

Trauma Clinic, London, United Kingdom

A comprehensive approach to combating trafficking in human beings requires precise knowledge of the scope of the problem and constant evaluation of government responses. Reporting on the status of human trafficking achieves both goals. This presentation is designed to examine the various human trafficking reporting mechanisms, including reports that states are required to submit to the United Nations as well as national reports whereby governments engage in a process of self-assessment. Comparative models from Europe and the United States will be examined. The presentation analyzes reports released by interministerial task forces as well as congressional hearings held on progress made and future steps that must be taken. This presentation advocates establishing national rapporteurs or similar mechanisms to assess government actions to combat the problem and recommend changes that should be implemented to reform existing frameworks. While reporting is an essential element of monitoring the status of human trafficking, it has not received adequate attention.

Psychophysiological Measures of Fear as Biomarkers for PTSD Symptoms

(Abstract #161)

Symposium (Bio Med, Prev El) International D - 6th Floor

Jovanovic, Tanja, PhD¹; Norrholm, Seth, PhD¹; Pole, Nnamdi, PhD²; Bryant, Richard, PhD³; Rothbaum, Barbara, PhD¹

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

²Smith College, Northampton, Massachusetts, USA

³University of New South Wales, Sydney, Australia

Posttraumatic stress disorder (PTSD) occurs in some people after exposure to traumatic events. The incidence of warzones worldwide and the prevalence of violence in large urban centers in the U.S. increase the likelihood of exposure to traumatizing events. This is a heterogeneous disorder that is defined by three major symptom clusters: re-experiencing of the event, avoidance of reminders of the event, and hyper-arousal. Individual patients can vary in the degree to which they present with the different symptoms, such that a "one size fits all" treatment is often inadequate. An important aspect of the clinical presentation of PTSD patients includes excessive fear and an inability to turn off the fear response (known as "fear extinction"). These dysregulated fear responses could be biological risk factors that increase vulnerability to the disorder or acquired traits that impede treatment; in either case they can indicate specific treatment targets for the individual patient. The papers that

will be presented in this symposium show prospective as well as retrospective data on samples from diverse populations, including combat and civilian trauma. Using fear conditioning, extinction and reinstatement, these studies demonstrate the usefulness of these methods in elucidating the pathophysiology of this disorder.

Prospective Prediction of PTSD Symptoms Using Fear-Potentiated Auditory Startle

(Abstract #724)

Pole, Nnamdi, PhD¹; Neylan, Thomas, MD³; Metzler, Thomas, MA²; Marmar, Charles, MD³

¹Smith College, Northampton, Massachusetts, USA

²VA Medical Center, San Francisco, California, USA

³University of California San Francisco, San Francisco, California, USA

There is conflicting evidence about whether hyperstartle is a pre-existing vulnerability factor for PTSD or an acquired result of post-trauma neural sensitization. There have been no prospective studies of physiological reactivity to startling sounds under threat as predictors of PTSD. We exposed 138 police cadets to repeated startling sounds under increasing threat of electric shock while their eye blink, skin conductance, heart rate, and subjective fear responses were recorded. Measures of response habituation were also calculated. Following one year of exposure to police trauma, these participants were assessed for PTSD. After accounting for other baseline variables, more severe PTSD symptoms were prospectively and independently predicted by: greater subjective fear under low threat, greater skin conductance under high threat, and slower skin conductance habituation. These results imply that hypersensitivity to contextual threat (indexed by greater fear under low threat), elevated sympathetic nervous system reactivity to explicit threat (indexed by larger responses under high threat), and failure to adapt to repeated aversive stimuli (evidenced by slower habituation) are all pre-existing vulnerability factors for greater PTSD symptom severity following trauma exposure.

Fear Extinction in Veterans From Operation Iraqi Freedom (OIF) With Posttraumatic Stress Disorder

(Abstract #557)

Norrholm, Seth, PhD³; Jovanovic, Tanja, PhD²; Leimbach, Linda, BBA²; Bradley, Bekh, PhD²; Duncan, Erica, MD¹

¹Emory University, Atlanta VAMC, Atlanta, Georgia, USA

²Emory University, Atlanta, Georgia, USA

³Emory University School of Medicine, Atlanta, Georgia, USA

The symptoms of PTSD can be conceptualized as a failure to inhibit fear following trauma exposure. We have employed a fear-potentiated startle paradigm for studying fear extinction in combat veterans returning from Operation Iraqi Freedom (OIF). Veterans were referred from the Atlanta VAMC Trauma Recovery Program. All participants, regardless of PTSD diagnosis, displayed robust acquisition of fear-potentiated startle to the DANGER signal ($F(1,8)=6.027, p<0.05$) and discrimination between DANGER and SAFETY ($F(1,8)=6.11, p<0.05$). In addition, participants with and without PTSD significantly extinguished fear-potentiated startle upon repeated, non-reinforced presentations of the DANGER signal ($F(1,9)=31.3, p<0.001$). An interesting finding emerged upon analysis of startle responses to the SAFETY signal. Traumatized individuals without PTSD

Saturday: 11:00 a.m. – 12:15 p.m.

displayed little or no fear to the SAFETY signal during Extinction. However, traumatized individuals with PTSD, as compared to those without PTSD, displayed persistently elevated fear to the SAFETY signal during Extinction ($F(1,8)=13.4, p<0.01$). Similar to clinical observations, PTSD patients from OIF showed elevated fear to cues previously associated with "safety." An individual's risk versus resilience for developing PTSD after combat trauma may be related to a persistent inability to both identify and learn safety.

Fear Conditioning Biomarkers of PTSD Symptoms in a Traumatized Civilian Population

(Abstract #229)

Jovanovic, Tanja, PhD¹; Norrholm, Seth, PhD¹; Blanding, Nineequa, BA¹; Graham, Allen, CMT³; Davis, Michael, PhD¹; Duncan, Erica, MD²; Bradley, Bekh, PhD¹; Ressler, Kerry, MD, PhD¹

¹Emory University School of Medicine, Atlanta, Georgia, USA
²Atlanta VA Medical Center, Atlanta, Georgia, USA
³HHMI, Atlanta, Georgia, USA

The clinical presentations of PTSD patients include excessive fear and an inability to inhibit the fear response. We have recently developed two fear conditioning paradigms to measure fear inhibition. The first study (n=91) used the AX+/BX- paradigm which independently assesses responses to danger (AX+) and safety (BX-) cues, and transfer of fear inhibition in the presence of safety (AB). The second study (n=53) used a simple fear acquisition and discrimination (A+/B-) paradigm. We measured fear potentiation of the acoustic startle response using electromyograph (EMG) recordings of the eyeblink muscle contraction to a 108dB noise probe. We used fear-potentiated startle to predict ratings on the PTSD symptom scale (PSS) using linear regression analyses. The study sample was recruited from a highly traumatized civilian population seeking treatment at the Grady Health system in Atlanta, GA. Results showed that increased fear-potentiated startle in the presence of safety cues predicted greater PTSD symptoms with both paradigms: BX- ($F(1,90)=5.26, p<0.05$); B- ($F(1,52)=4.47, p<0.05$). Impaired fear inhibition on the transfer test (AB) was also associated with greater symptoms on the PSS ($F(1,90)=6.33, p=0.01$). These results suggest that PTSD patients have problems processing safety cues, and that hyper-responsiveness to these cues can predict the level of their current symptoms.

Extinction Learning and Implications for Development and Resolution of PTSD

(Abstract #219)

Bryant, Richard, PhD
University of New South Wales, Sydney, New South Wales, Australia

This paper will review a series of studies using extinction learning as a paradigm to understand risk for PTSD development and as a mechanism of recovery. In terms of risk, firefighters (N = 85) were administered a fear conditioning/extinction paradigm prior to training as a firefighter, and were reassessed for PTSD 6 months and 4 years after active duty. Impaired extinction learning significantly predicted PTSD at 6 months, and slowed habituation to shock prior to trauma predicted PTSD 4 years after active duty. In terms of treatment, several studies will be reported that demonstrate that the same neural networks

implicated in extinction learning are predictive of good response to CBT. Together, these data will be discussed in terms of using extinction principles for enhancing prevention and treatment of PTSD.

Using Innovative Technologies to Expand Access to PTSD Treatment

(Abstract #460)

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

Greene, Carolyn, PhD; Ruzek, Josef, PhD
National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

This symposium discusses three efforts by the National Center for PTSD to use innovative telemedicine technologies to expand access to PTSD services. Despite recent advances in the development of effective treatments, many individuals do not get the care they need due to stigma, geographic distance, lack of local PTSD expertise, and/or other issues that interfere with treatment attendance. Dr. Kuhn will describe initiatives developing interactive web-based materials to deliver psychoeducation and symptom management. He will discuss how the reach and anonymity of the Internet can make care more easily accessible and can reduce barriers of stigma. Drs. Morland and Greene will discuss using video teleconferencing to provide group psychotherapy. They will discuss the results of their 4-year clinical trial of anger management therapy as well as experiences with their new clinical trial using Cognitive Processing Therapy. Dr. Rosen will describe a telephone-based case management system. He will discuss preliminary results from a 3-year clinical trial with patients who are transitioning from inpatient care as well as a current trial with patients who are newly entering specialty PTSD treatment. Dr. Ruzek will review the challenges in these different approaches, as well as their potential for expanding access to care for PTSD.

Web-Based Programs for Self-Management of Posttraumatic Stress Reactions

(Abstract #1030)

Kuhn, Eric, PhD^{1,2}; Hoffman, Julia, PsyD¹; Ruzek, Josef, PhD¹
¹National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA
²Sierra Pacific (VISN21) Mental Illness Research, Education and Clinical Center, Palo Alto, California, USA

Self-guided interventions (e.g., self-help books) have been helpful to many trauma survivors struggling with posttraumatic stress reactions. This self-help tradition continues to thrive in the age of the Internet. This presentation describes Web-based interventions informed by evidence-based cognitive-behavioral therapies and principles to help traumatized individuals understand, manage, overcome, or, if needed, consider seeking face-to-face professional help for their reactions. Several Web-based programs currently under development are presented. The enormous potential of the Web for self-guided treatments is discussed. This includes reaching trauma survivors who are reluctant to seek help due to excessive fear, isolation, guilt, and shame; stigma; and practical limitations due to physical injury, transportation, cost, absence from work, or distance. The promise of the Web for delivering specific interventions, such as psycho-education, self-assessment with tailored feedback, and interactive skills-based self-help is also highlighted. The empirical support for

Web-based interventions for PTSD is summarized as are other novel approaches that are currently being developed. Lastly, the presentation emphasizes the challenges of building self-guided treatments for emphasizes the challenges of building self-guided treatments for the Web.

Telephone Case Monitoring of PTSD Patients

(Abstract #1045)

Rosen, Craig, PhD^{1,2}; Tiet, Quyen, PhD^{1,3}; Greene, Carolyn, PhD¹; Nguyen, Dong, MA¹; Fitt, Julie, BS¹; Sweeton, Jennifer, MA^{1,2,4}; Penner, Allison, MS¹

¹National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

²Stanford University, Palo Alto, California, USA

³CSPP at Alliant International University, San Francisco, California, USA

⁴Pacific Graduate School of Psychology, Palo Alto, California, USA

The PTSD Telephone Care clinic is program aimed at providing additional support to veterans seeking PTSD treatment. This presentation will discuss the intervention model and present preliminary findings from a 3-year multi-site clinical trial in which Telephone Case Monitoring was used to help patients make a successful transition from residential to outpatient care. This presentation will also discuss experiences with a recently launched multi-site clinical trial with veterans who are newly entering PTSD specialty care. Telephone case monitoring has been used to improve treatment adherence and reduced relapse among patients with chronic medical and substance use disorders, but has not been implemented in PTSD patients. Telephone care managers monitor patients' treatment attendance, medication compliance, substance use, and coping skills. Following a manualized protocol, they verbally reinforce positive behaviors, provide encouragement and problem-solving assistance to patients who experience lapses, provide brief motivational interventions to patients who are ambivalent about returning to positive behaviors, and identify patients in need of emergency assistance. We discuss key clinical challenges including establishing rapport over the telephone, maintaining contact with transient patients, and remotely managing homicidality and suicidality.

Using Videoteleconferencing to Provide PTSD Group Psychotherapy to Rural Veterans

(Abstract #1040)

Morland, Leslie, PsyD¹; Greene, Carolyn, PhD²

¹National Center for PTSD, Menlo Park, California, USA

²National Center for PTSD, Honolulu, Hawaii, USA

Many veterans in need of specialized PTSD services live in remote geographical regions such as rural areas of the Pacific Islands, where access to specialized mental health services is very limited. These veterans frequently choose to live in remote areas with low population density as a way to reduce stimulation, hyperarousal, and interpersonal conflict. This presentation will discuss findings from a recently completed randomized clinical trial that used a rigorous noninferiority methodology to examine the effectiveness of using telemental health, specifically videoteleconferencing (VTC), to provide specialty PTSD group services to veterans residing in rural Pacific Island locations. In this study, 125 veterans with PTSD related anger difficulties who

were located on the Big Island of Hawaii, Kauai, Maui and Oahu were randomly assigned to receive group anger management therapy either via VTC or face-to-face. Findings from this study support the effectiveness of using VTC as a means to provide specialty services to rural ethnoculturally diverse populations. This presentation will also discuss experiences gained through a recently launched clinical trial using VTC to deliver group Cognitive Processing Therapy (CPT). This current trial is especially relevant as VA prepares to treat increasing numbers of rural veterans returning from Iraq and Afghanistan.

Panel Discussion

Therapeutic and Research Implications of a Dissociative Subtype of PTSD

(Abstract #188)

Panel Discussion (Practice, Clin Res)

Augusta II & III

Bremner, J. Douglas, MD¹; Dalenberg, Constance, PhD³; Carlson, Eve, PhD²; Lanius, Ruth, MD PhD⁴; Spiegel, David, MD⁵; Vermetten, Eric, MD, PhD⁶

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

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

³Alliant International University, San Diego, California, USA

⁴University Hospital, London, Ontario, Canada

⁵Stanford University School of Medicine, Palo Alto, California, USA

⁶Military Mental Health- Research Center, Utrecht, Netherlands

There appears to be no consistency in DSM in the conceptualization of dissociative symptoms relative to PTSD. Re-experiencing trauma is not described as a dissociative category of symptoms, but flashback episodes are unquestionably dissociative in that they involve loss of temporal orientation. Research has shown a heterogeneity of the reexperiencing networks. Inability to recall an important aspect of the trauma, a cardinal symptom of dissociative amnesia, is not listed as a (negative) dissociative symptom under PTSD, but is listed as a dissociative symptom under acute stress disorder. Similar confusion exists regarding numbing and detachment, which are identified as dissociative symptoms under ASD, but not under PTSD. If these symptoms were acknowledged in a new DSM as a dissociative subtype what would this mean for clinical practice? Clinicians already acknowledge the importance of recognizing this dissociative subtype in the tailoring of CBT and other exposure based therapies by introducing emotion regulation skills prior to engaging in trauma focused treatment. Moreover, it has long been acknowledged that numbing and other dissociative symptoms interfere with trauma processing. This panel will address the importance of clearly defining dissociative subtyping of PTSD for both neuroscientific research and clinical practice.

Saturday: 11:00 a.m. – 12:15 p.m.

**Trauma, Science and Spirituality:
An Interdisciplinary Dialogue on
Resilience in Real World Settings**

(Abstract #74)

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

Zatzick, Douglas, MD⁵; Foy, David, PhD⁴; Negi, Satya, PhD¹;
Drescher, Kent, PhD³; Grant, George, MDiv, PhD¹; Smith, Mark,
CDR²; Oliver, Karen, PhD⁶

¹Emory University, Atlanta, Georgia, USA

²Marine Corps Combat Development, Fredericksburg, Virginia, USA

³Palo Alto VA Health Care System, Menlo Park, California, USA

⁴Pepperdine University, Encino, California, USA

⁵University of Washington School of Medicine, Seattle, Washington, USA

⁶VA VISN 12 Mental Health Service Line, Madison, Wisconsin, USA

This panel will explore the interface of scientific and spiritual perspectives in traumatic stress studies through a focus on the understanding of resilience. Real world clinical settings such as acute care trauma centers and war zones are often characterized by ongoing, recurrent traumatic stress exposures. Consensus regarding optimal scientific inquiry into how spiritual perspectives may contribute to experiences of resilience in these real world contexts has yet to be achieved. An interdisciplinary group comprised of psychiatrists, psychologists, clinical epidemiologists, and chaplains, from diverse intellectual traditions will deliver a series of brief presentations. Presentations will focus on an overview of the scientific exploration of spiritual approaches to resilience, clinical epidemiological studies suggesting the need for and development of culturally/spiritually eclectic services for injured trauma survivors, data on spirituality and resilience in Central Asian combat veterans linked to a discussion of VA health services for these veterans, scientific studies of depression and spirituality, and summary points. These presentations will be followed by a discussion led by the co-chairs that will emphasize audience participation.

Papers

Treatment Studies: III

International F - 6th Floor

Chair: Margaret-Anne Mackintosh, MA

University of Southern California, Los Angeles, California, USA

**Impact of Trauma-Focused Treatment on
Trauma Outcomes Among Women With
Co-Occurring Disorders**

(Abstract #530)

(Clin Res, Practice)

Mackintosh, Margaret-Anne, MA; Gatz, Margaret, PhD;
Hennigan, Karen, PhD; Mcardle, Jack, PhD; Jajodia, Archana,
PhD; Rose, Tara, PhD

University of Southern California, Los Angeles, California, USA

Until recently, many researchers and treatment providers discouraged simultaneous treatment of both mental health and substance abuse disorders. We investigated whether attendance in a trauma-focused treatment, Seeking Safety, predicted

changes in posttraumatic stress symptoms and unsafe events among a diverse sample of 370 women in residential treatment with histories of interpersonal violence. Data were drawn from the Los Angeles site of the Women, Comorbid Disorders and Violence Study, which included two treatment groups: 1) integrated mental health and substance abuse, and 2) a treatment-as-usual control. Results indicated a significant drop in posttraumatic stress symptoms across time and treatment groups. When controlling for relevant covariates (e.g., previous level of posttraumatic stress symptoms and unsafe events, time in residential treatment, and treatment group), the amount of trauma-focused treatment did not predict significant symptom reductions. However, at six months, there was a significant reduction across treatment groups in women's reporting of unsafe events. Attendance in the Seeking Safety program was related to greater reductions in unsafe events, and this effect was maintained at 12 months. Findings suggest that increased use of safe coping skills, like those taught in Seeking Safety, are likely related to reductions in unsafe events.

**Open Trial of Prolonged Exposure Among
Patients With Severe Mental Illness**

(Abstract #517)

(Clin Res, Practice)

Grubaugh, Anouk, PhD

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

Despite high rates of trauma and posttraumatic stress disorder (PTSD) among patients with severe mental illness (SMI; i.e., schizophrenia, bipolar disorder), effective treatment strategies for this population are far from established. In light of the lack of extant data on this topic, results of an open trial of prolonged exposure in a sample of veterans with PTSD and SMI are presented. Participant recruitment is ongoing (anticipated N=30). To date, however, 15 patients have been enrolled in the treatment and 3 have completed their post-treatment assessment. Results offer preliminary support for effective treatment of PTSD in this population (i.e., 2 patients no longer have PTSD and 1 evidenced clinically significant symptom reduction). Clinical outcomes for other targeted domains (e.g., general mental health) also improved at post-assessment. Furthermore, no adverse events have occurred during the course of the study. Testing the effectiveness of PTSD treatments for those with comorbid SMI is of considerable significance to the PTSD literature due to the exclusion of these individuals from traditional PTSD service delivery studies. As such, there is no clear standard of care for this vulnerable patient population. Future directions include the need for randomized controlled trials and dissemination efforts in order to ensure that patients with SMI and PTSD are adequately recognized and treated.

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

Treatment Outcome of Canadian Veterans With PTSD Treated at an Operational Stress Injury (OSI) Clinic

(Abstract #522)
(Clin Res, Mil Emer)

Richardson, J. Donald, MD, FRCPC²; Pekevski, Jordan, MA²;
Elhai, Jon, PhD¹

¹University of Toledo, Toledo, Ohio, USA

²Veterans Affairs Canada, Burlington, Ontario, Canada

PTSD is a prevalent and disabling condition especially in veterans with combat and peacekeeping exposure. This study examines the treatment outcome of 102 Canadian veterans with Military-related PTSD from peacekeepers and/or combat exposure treated at an OSI clinic funded by Veterans Affairs Canada. All participants were diagnosed with PTSD using the CAPS and completed the PCL-M, BDI, BAI at intake and at monthly intervals for one year. To evaluate change, we conducted growth mixture modeling, combining latent growth modeling and latent class analysis in order to identify subgroups based on their PTSD symptom change trajectories over time. A significant main effect was found for time and treatment outcome demonstrated a linear improvement over a one year period. A subgroup of veterans made remarkable gains and no longer met the PTSD-M cut-off score for PTSD.

Papers

Prospective Studies

Augusta I - 7th Floor

Chair: Richard Boyer, PhD

University of Montréal, Montréal, Québec, Canada

Suicide Ideation and Attempt Following the Dawson College Shooting in 2006 (Montréal, Canada)

(Abstract #998)
(Disaster, Prev El)Augusta I - 7th Floor

Boyer, Richard, PhD^{1,3}; Guay, Stephane, PhD^{1,3}; Bleau, Pierre, MD²; Lesage, Alain, MD^{1,3}; Seguin, Monique, PhD⁴

¹University of Montréal, Montréal, Québec, Canada

²McGill University Health Center, Montréal, Québec, Canada

³Centre de Recherche Fernand-Seguin, Montréal, Québec, Canada

⁴Université En Outaouais, Gatineau, Québec, Canada

The Dawson College shooting occurred on September 13, 2006 in Montreal, Canada. A single gunman randomly attacked a crowd of students, faculty and staff, killing one student and seriously wounding 19 others before killing himself. Based on the PCLS, 7.1% of respondents present a PTSD 18 months after the shooting and 6.6% and 0.9% reported a severe suicide ideation or a suicide attempt post-exposition, respectively. Strong associations were found between suicide ideation (OR=4.6; p<0.0001), suicide attempt (OR=17.8; p<0.0001) and PTSD associated with the Dawson College shooting. When controlled for gender, age, perceive quality of life, perceived physical health, physical presence in the college and level of exposure, suicide ideation (OR=3.3; p<0.01) and suicide attempt (OR=5.8; p<0.05)

are still more frequent among respondent with a PTSD associated with the Dawson College shooting. PTSD should be considered a risk factor for suicidality among students and employees directly or indirectly exposed to a college shooting. Professionals should be aware of this risk and collaboration with suicide prevention program should be part of the designed prevention program.

Peritraumatic Factors Associated With PTSD Symptom Clusters Six Months After Traumatic Injury

(Abstract #796)
(Clin Res, Prev El)

DeRoos-Cassini, Terri, PhD²; Valvano, Abbey, MS¹; Brasel, Karen, MD, MPH²

¹Marquette University, Milwaukee, Wisconsin, USA

²Medical College of Wisconsin, Milwaukee, Wisconsin, USA

The bioinformational representation of fear that has been applied to understand the development of PTSD includes verbal, physiological, and overt behavioral responses at the time of a traumatic event. Understanding how the elements of a trauma fear structure are associated with PTSD symptom clusters would further our understanding of risk for distress. Therefore, this study aimed to assess the relationships between physiological responses immediately posttrauma, perceived life threat, and peritraumatic emotional response, with PTSD symptom clusters (three days and six months posttrauma). PTSD symptoms, perceived life threat, peritraumatic emotionality, and scene physiological response were assessed with patients who experienced a single incident trauma requiring hospitalization and surgical intervention. Results revealed significant correlations for scene pulse with PTSD avoidance three days posttrauma (r = .11) and at six months (r = .38). Scene blood pressure was significantly negatively correlated with all three PTSD symptom clusters (r = -.13 to -.16), while perceived life threat was significantly positively related to these symptoms (r = .36 to .59). Inpatient PTSD symptom cluster severity and perceived life threat were the most significant predictors of six-month PTSD. A screen for single incident trauma survivors is suggested to determine need for intervention in a medical setting.

Prospective Predictors of Exposure to Potentially Traumatic Events

(Abstract #794)
(Clin Res, Child)

Park, Crystal, PhD¹; Tennen, Howard, PhD²; Frazier, Patricia, PhD¹; Mills, Mary Alice, MA¹; Gunty, Amy, BA²

¹University of Connecticut, Storrs, Connecticut, USA

²University of Minnesota, Minneapolis, Minnesota, USA

The few studies that have prospectively examined determinants of exposure to potentially traumatic events (PTEs) have shown that prior trauma exposure, PTSD symptoms, personality, and demographic factors are related to subsequent trauma exposure (e.g., Breslau et al., 1995). We sought to extend these findings by examining a broader range of psychosocial predictors of exposure. A sample of 1528 psychology students (73% female; 89% 18-21 years old; 80% Euro-American) completed measures of psychosocial characteristics, prior trauma exposure, and symptoms at baseline. Two months later (Time 2; n = 1,281), we assessed PTEs experienced in the interim since Time 1 using the

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

Traumatic Life Events Questionnaire (Kubany, 2004). Participants reporting a PTE between Time 1 and Time 2 (N = 264) were selected for prospective analyses. Greater risk of reporting having experienced a PTE between Time 1 and Time 2 was predicted by female gender and lower life satisfaction, and higher levels of previous trauma exposure, PTSD symptoms, distress, negative affect, openness to experience, and extraversion at T1. Trauma exposure was not predicted by T1 positive affect, self-esteem, optimism, conscientiousness, neuroticism or self-reported growth from a previous trauma. Further analyses will explore predictors of exposure to different types of events.

Disaster-Exposure and PTSD 18 Months After the Dawson College Shooting in 2006 (Montréal, Canada)

(Abstract #790)
(Disaster, Assess Dx)

Guay, Stephane, PhD¹; Boyer, Richard, PhD¹; Bleau, Pierre; MD²
Lesage, Alain, MD³; Seguin, Monique, PhD⁴

¹University of Montreal, Montreal, Quebec, Canada

²McGill University Health Center, Montreal, Quebec

³Centre de Recherche Fernand-Seguin, Montreal, Canada.

⁴Université du Québec En Outaouais, Gatineau, Quebec, Canada

The Dawson College shooting occurred on September 13, 2006 in Montréal, Canada. A single gunman randomly attacked a crowd of students, faculty and staff, killing one student and seriously wounding 19 others before killing himself. The current study aimed to evaluate post-traumatic stress disorder (PTSD) symptoms 18 months after the shooting among 949 students, faculty and staff according to their level of disaster-exposure. PTSD symptom severity and diagnosis were measured with the PCLS. Level of disaster-exposure was assessed with 12 yes/no questions regarding specific types of exposure to the disaster (e.g., was injured by the shooter, saw the shooter, witnessed the college tragedy on television or the Internet, etc.). The mean overall total PCLS score was relatively low (25.13; SD = 10.38). However, using a cut-off point of 44 on the PCLS, 7.1% of the participants were identified as currently having a PTSD. Being inside the college at the time of the shooting was associated with a significantly higher prevalence of PTSD [8.7% ; 95%CI = 6.4-11.0] compared to being outside [1.2% ; 95%CI = -0.5-2.9]. A relatively linear association between symptom severity and level of disaster-exposure was found. Clinical implications of these results will be presented and discussed.

Papers

Child Studies II

Roswell - 8th Floor

Chair: Egil Nygard, Clin Psych

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

PTSD in Children and Adolescents: The Role of Parental Distress

(Abstract # 579)

(Child, Disaster)

Dyb, Grete, A., MD, PhD; Jensen, Tine, PhD; Nygard, Egil, Clin Psych

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

This study examined the association between parental distress and children's posttraumatic stress reactions after the tsunami disaster in Southeast Asia. Parents of 319 Norwegian children and adolescents aged 6 to 18 years reported on children's exposure to the tsunami and children's immediate subjective reactions. The Child Stress Disorder Checklist was used to measure children's posttraumatic stress reactions 6 to 10 months after the tsunami, and The Impact of Event Scale Revised measured parental distress. Parental distress significantly predicted the level of children's posttraumatic stress reactions. The strongest association was found for parental intrusive reactions and hyperarousal. Highly exposed children seemed to be more vulnerable to parental distress compared to children with lower levels of exposure. The study demonstrates that parental distress can endure and worsen the impact of a disaster in children. The findings underscore the need to expand the focus of trauma-related consequences to include the parents, both when conducting assessments and in therapeutic work.

Early Parental Loss and Interpersonal Functioning in Child and Adolescent Inpatients

(Abstract #981)

(Child, Assess Dx)

Szymanski, Kate¹; Springer, Carolyn, PhD¹; McCarthy, James, PhD²

¹Apelphi University, Garden City, New York, USA

²Queens Children's Psychiatric Center, Queens, New York, USA

A number of authors have emphasized the importance of early childhood experiences in psychological adjustment, stating that the onset of trauma at this particular developmental stage may have the most detrimental mental health consequences. Seeking social support in the face of stress is an adaptive way of coping. The aim of the study was to assess if the early childhood trauma (death of a caregiver, sexual/physical abuse, homelessness etc.) has an impact on interpersonal functioning of inpatient children and adolescents, therefore leaving them much more vulnerable to pathology. All of the data utilized in the study were archival in nature. 65 child and adolescent psychiatric inpatients (ages 7-17) with the history of trauma were administered the Thematic Apperception Test (TAT) as part of larger assessment battery. All TATs were analyzed using Social Cognition and Object Relations Scale (SCORE). Four independent judges rated all TAT stories on the following SCORE dimensions: 1. Complexity of representation of people, 2. Affective quality of representations,

3. Emotional investment in relationships, 4. Experience and management of aggression. The results were significant for type of trauma and gender. Loss of a mother before age 10 for males was significantly correlated with all SCORE dimensions. Early maternal death for boys was significantly related to egocentric representation of others (com.p<.04), experiencing others as malevolent (aff.p<.003), having tumultuous relationships (emot.p<.01), and being aggressive (aggr.p<.001). There were no significant correlations for other types of trauma and for girls. These findings suggest that early maternal loss for males might put them at the higher risk for serious interpersonal difficulties - a potential moderator of their impaired psychological functioning.

Does Prevention Decrease Discordance in Mother and Child Reports of Youth Violence Exposure & PTSD?

(Abstract #1020)
(Clin Res, Commun)

DeVoe, Ellen, PhD, MSW; Miranda-Julian, Claudia, PhD Student

Boston University School of Social Work, Boston, Massachusetts, USA

High levels of parent-child concordance in perceptions of violence exposure are associated with better child outcomes. This study is based on findings from families with children ages 7-12 years old in an urban, high-violence community who were randomly assigned to a comparison group or to receive a brief prevention program aimed at supporting families in reducing youth exposure to violence. Participants (N=199 families) completed standardized pre and post questionnaires over a period of approximately four months. Pretest data indicate high levels of discordance between (1) maternal and child reports of children's exposure to violence, and (2) maternal and child reports of children's PTSD symptoms. Current analysis focuses on whether program participation affected rates of discordance over time. The SPSS binary logistic program will be used to assess if discordance in reports of violence exposure and PTSD at Time 1, and program participation can reliably predict rates of discordance at Time 2. Two-way mixed design ANOVA will be used in order to test for differences in PTSD scores (children and mothers) and monitoring and supervision scores between the intervention and comparison group at both time points. Implications for community based for youth violence prevention programming will be discussed.

Childhood Trauma in U.S.-Mexico Border Area Mental Health and Primary Care Clinics

(Abstract #1086)
(Cul Div, Assess Dx)

Sciolla, Andres, MD³; Fraga, Miguel, MD¹; Postlethwaite, Alejandra, MD²; Maya-Ramos, Lisandro, BS, PhD²; Rickard, Tim, PhD³

¹*UABC-FMyP, Tijuana, Mexico*

²*IVC Behavioral Health, Calexico, California, USA*

³*University of California San Diego, La Jolla, California, USA*

Few studies have focused on the prevalence of childhood trauma among adult Latinos in the U.S. While acculturation predicts worse health outcomes in Latinos, there are no published data regarding the effect of acculturation on the prevalence childhood trauma in this population. This study sought to address these knowledge gaps by surveying adult patients in primary care and mental health clinics in border cities in Mexico and the

U.S. Using the Childhood Trauma Questionnaire (CTQ) and the brief Short Acculturation Scale for Hispanics, we collected data from 502 patients. Multiple regression analyses involving the predictor variables of gender, country, clinic type, age, income, education, and acculturation were performed for each of the five CTQ subscales, and for the abuse and neglect composite scales. Significant predictors for abuse were family income and a quadratic effect of acculturation. The only significant predictor for neglect was education. Female gender was a significant predictor for the sexual abuse CTQ subscale. Income was a significant predictor for the abuse composite scale. Acculturation was a significant predictor when treated as a quadratic predictor for the abuse composite scale. In conclusion, intermediate levels of acculturation were associated with higher prevalence of clinically significant childhood trauma.

Workshop

The PTSD Treatment Engagement Group: A Brief Intervention to Enhance Veterans' Help Acceptance

(Abstract #916)

Workshop (Practice/Mil Emer) International G - 6th Floor

Murphy, Ronald, PhD; Stanton, Theresa, MS

Francis Marion University, Florence, South Carolina, USA

Numerous studies have indicated that many Iraq and Afghanistan returnees with post-deployment problems are not accepting treatment. The PTSD Treatment Engagement (PTE) Group is a newly-developed brief intervention based on motivation enhancement approaches for combat-related PTSD but modified to address treatment engagement variables that predict outcome. The workshop's goal is to train participants to implement the four-session PTE Group. In the first session, group leaders assess patients' barriers to successful treatment, including unacknowledged problems, fears and misconceptions about treatment, therapy-related self-efficacy, cognitive/emotional barriers (e.g., stigma and blaming attributional style), and perceptions of treatment credibility and relevance. In the remaining sessions, group leaders implement strategies for increasing problem acknowledgement and modifying irrational or inaccurate treatment beliefs. Techniques include Motivational Interviewing methods such as decision-balance and norm comparison, as well as reflective listening, ambivalence reduction, and cognitive therapy. Patients also identify events, thoughts, or feelings that would cause them to drop out of treatment, and coping skills for preventing disengagement from treatment. Participants will engage in role-play and discuss treatment engagement issues in their own work.

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

Vicarious and Secondary Traumatization in Working With Traumatized Youth

(Abstract #625)

Workshop (Practice, Child) International H - 6th Floor

Palmer, Laura, PhD; Makhija, Nita, EdM; Abraham-Cooke, Shannon, MA; Huntington, Jodi, MA

Seton Hall University, South Orange, New Jersey, USA

The concepts of secondary traumatization/compassion fatigue and vicarious traumatization will be examined relative to the experience of doctoral students who are completing their training by working with clients who have experienced trauma. Students will share experiences regarding the recognition of symptoms associated with vicarious traumatization while running trauma-focused cognitive behavioral groups with sexually abused children. They will also discuss challenges in working with terminally ill children in a neuropsychological setting while focusing on the impact that the child's illness, culture, and end-of-life beliefs have on one's development as a psychologist. Additionally, the unique challenges that men face in working with sexually abused children will be explored. The panel will also review the experience of providing individual and group therapy with school-aged children living with gang violence, drugs, and a lack of parental guidance. A review of a developmental approach to supervision relevant to trainees, emphasizing prevention of compassion fatigue while facilitating professional growth will conclude the workshop. How vicarious traumatization is manifested and the necessity of discussing it in supervision will be addressed, as this can negatively impact the care clients receive and possibly occlude the professional development of graduate students.

Participant Alert: Through discussion of presenters' experience, a potential of distress exists in participants recognizing their personal and/or professional experiences.

Concurrent Session 13
Saturday, November 7
2:00 p.m. – 3:15 p.m.

Master Clinician

Virtual Reality Exposure Therapy for the Treatment of PTSD

(Abstract #1132)

Master Clinician (Clin Res /Mil Emer) Vinings I & II – 6th Floor

Rothbaum, Barbara, PhD

Emory University School of Medicine, Atlanta, Georgia, USA

PTSD has been estimated to affect up to 18% of returning OIF veterans. Most trauma victims show fear and other reactions immediately following the traumatic event but in general these symptoms decline over time. We believe this reflects the process of extinction and that the development of chronic PTSD in those who do not recover represents a failure of extinction. Extinction training in humans takes the form of exposure therapy. In the treatment of PTSD, exposure therapy usually involves prolonged, imaginal exposure to the patient's memory of the trauma and in vivo exposure to reminders of the trauma. Virtual Reality (VR) treatments may offer a viable alternative. VR offers a human-computer interaction paradigm in which users are no longer simply external observers of images on a computer screen but are active participants within a computer-generated three-dimensional virtual world. What distinguishes VR is a sense of presence, also essential to conducting exposure therapy. A growing body of literature supports the use of VR Exposure Therapy (VRE) as a tool for exposure therapy within a comprehensive treatment program. In this presentation, participants will be introduced to the methods and protocols for treatment using the Virtual Iraq for treatment of PTSD in service members or veterans who served in Iraq. A live role-play will demonstrate introducing the patient to the virtual Iraq and matching what the patient is describing with the virtual environment.

Ethnocultural Factors in Trauma Psychology: Addressing Disparities in Research, Teaching, and Practice

(Abstract #783)

Symposium (Cul Div, Media Ed) International C - 6th Floor

Mattar, Sandra, PsyD¹; Pole, Nnamdi, PhD³; Reyes, Gilbert, PhD²

¹*J.F. Kennedy University, Pleasant Hill, California, USA*

²*Fielding Graduate University, Santa Barbara, California, USA*

³*Smith College, Northampton, Massachusetts, USA*

The objective of this symposium is to describe the cultural gaps in research, education and training in the field of Traumatology. The United States is a country of immigrants that perhaps has an ethnorracial diversity unlike any other country in the world. Yet, Trauma and Disaster Psychology as a field, have not kept up to speed with the evolving needs of this population. Considerations of culture and context are the exception in these fields. The extent to which scholarship on trauma and ethnorracial diversity has kept up with the changing times is not at all clear. An examination

Saturday: 2:00 p.m. – 3:15 p.m.

of the trauma literature makes evident that there are important gaps vis-a-vis the underrepresentation of people of color among researchers and service providers. First, the presenters will discuss major findings pertaining to diversity and trauma including findings of ethnoracial disparities in PTSD prevalence, prediction, assessment, service utilization, and research and treatment gaps in the field. Secondly, we will address the challenges of including the cultural context of suffering in trauma psychology courses. Finally, we will address the need to recruit a more diverse workforce for accomplishing more culturally competent research and service provision with communities affected by disasters and other traumatic events.

Research on Ethnoracial Diversity and Trauma: Trends and Future Directions

(Abstract #887)

Pole, Nnamdi, PhD

Smith College, Northampton, Massachusetts, USA

Ethnoracial diversity has received increasing attention within the United States both because of Census data showing an ever growing population of ethnic minorities and because of the historic election of America's first African American President. But the extent to which scholarship on trauma and ethnoracial diversity has kept pace with changing times it is not at all clear. This presentation will review major findings pertaining to diversity and trauma including findings of ethnoracial disparities in PTSD prevalence, prediction, assessment, service utilization, and treatment. It will show publication trends in major trauma-relevant journals both in terms of proportions of articles devoted to diversity and trauma and in terms of topics addressed in research. Finally, it will highlight important gaps in the literature and outline some future directions for the field, with particular attention to methodological recommendations that could expedite the growth of this important field of inquiry.

Teaching Trauma: What Does Culture Have to Do With It?

(Abstract #838)

Mattar, Sandra, PsyD

Fielding Graduate University, Santa Barbara, California, USA

The mental health field has seen a significant growth in Trauma Psychology courses due to developments in the field of traumatic stress. A parallel phenomenon has occurred in the field of cultural psychology/psychiatry. Rarely, however, have these two schools of thought come together within the context of mainstream psychology. This lack of encounter is evident in the major controversy dominating conversations about PTSD, mainly, the difficulty to define psychological trauma (Criterion A). We generally agree that the appraisal of an event is a subjective interpretation of its meaning. However, the culture of the client does not enter into consideration, nor the socio-political and historical contexts that determine the meaning we give to traumatic events. Examining the context in which healing occurs should be an integral part of any course in trauma. Trauma courses can be a great tool to explore the intersection between trauma and culture, and the role of cultural norms and values in our reactions to trauma. This presentation will analyze some of the complexities encountered in infusing cultural context in Trauma courses. It will also describe the socio-cultural context and stigma surrounding trauma courses, students' reactions to

integrations of culture and trauma psychology and the limitations of the biomedical model.

Strategies for Increasing Participation of Ethnic Minority Groups in Trauma and Disaster Psychology

(Abstract #1071)

Reyes, Gilbert, PhD

Fielding Graduate University, Santa Barbara, California, USA

Minority groups are often overrepresented among trauma survivors, but tend to be underrepresented among those who study trauma, teach trauma courses, or provide trauma-focused services. For example, there is remarkably little ethnic minority participation in the emergency mental health workforce that responds to disasters. Similarly, ethnic minority participation is low within the most prominent professional societies for trauma clinicians and researchers. This has raised questions regarding the possible barriers to greater ethnic minority participation in disaster mental health and the broader field of psychological trauma. This presentation will address strategies for increasing the representation of ethnic minority groups in trauma research and trauma-focused services, particularly in response to disasters.

Anger and Violence Among U.S. Veterans Returning From Afghanistan and Iraq

(Abstract #875)

Symposium (Clin Res, Practice) International E - 6th Floor

Calhoun, Patrick, PhD¹; Elbogen, Eric, PhD²; Taft, Casey, PhD³; Crawford, Eric, PhD¹

¹*Durham VA Medical Center, Durham, North Carolina, USA*

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

³*Boston VA Healthcare System, Boston, Massachusetts, USA*

This symposium will explore the association between trauma, PTSD, anger and aggression in veterans. Data will be presented from (1) a sample of help-seeking veterans returning from Afghanistan (Operation Enduring Freedom; OEF) and Iraq (Operation Iraqi Freedom; OIF) from a VA PTSD clinic, (2) a large multi-site study on post-deployment mental health of OEF/OIF veterans and (3) OEF/OIF veterans enrolled in a laboratory study designed to evaluate cognitive processes during anger arousal.

PTSD, Anger, and Cognition in Partner Aggression Among OEF/OIF Veterans

(Abstract #970)

Taft, Casey, PhD²; Weatherill, Robin, PhD¹; Eckhardt, Christopher, PhD³; Crawford, Eric, PhD⁴; Pinto, Lavinia, MA²; Cunningham, Katherine, BS¹; Beckham, Jean, PhD⁴; Elbogen, Eric, PhD⁵; Suvak, Michael, MA¹

¹*National Center for PTSD, Boston, Massachusetts, USA*

²*Boston VA Healthcare System, Boston, Massachusetts, USA*

³*Purdue University, West Lafayette, Indiana, USA*

⁴*Durham VA Medical Center, Durham, North Carolina, USA*

⁵*University of North Carolina, Chapel Hill, North Carolina, USA*

Despite the strong link between PTSD and intimate partner violence (IPV) perpetration among veterans, little research has examined mechanisms for this association. We will present preliminary results from an investigation testing the overarching

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

expectation that PTSD severity would be related to IPV through its impact on maladaptive cognitive processes that occur during anger arousal. Specifically, we used the Articulated Thoughts in Simulated Situations paradigm (ATSS; Davison et al., 1983) to assess thoughts during anger arousal among a sample of OEF/OIF veterans. Initial data from this sample (n = 25) indicates that PTSD severity was significantly associated with both physical (r = .62) and psychological (r = .52) aggression perpetration. PTSD severity was also associated with hostile attributions (r = .42) and cognitive biases (r = .62) exhibited during the ATSS. Finally, both physical (r = .45; r = .40) and psychological (r = .56; r = .49) aggression perpetration were significantly associated with ATSS hostile attributions and cognitive biases, respectively. Although the small sample precludes formal tests of mediation, results are consistent with the proposed indirect relationship from PTSD to IPV through anger and maladaptive cognitive processes. Fuller data from a larger sample will be presented during the proposed talk.

Hostility, Aggression, and Violence Among Help-Seeking OEF/OIF Veterans

(Abstract #928)

Calhoun, Patrick, PhD²; Collie, Claire, PhD²; Clancy, Carolina, PhD²; Dennis, Michelle, BA²; Yeatts, Beth, MS, CRC, LPC¹; Elbogen, Eric, PhD³; Beckham, Jean, PhD¹

¹Durham VA Medical Center, Durham, North Carolina, USA

²Duke University Medical Center, Durham, North Carolina, USA

³University of North Carolina, Chapel Hill, North Carolina, USA

Anger and associated behavioral problems including interpersonal violence are prominent concerns for Vietnam era veterans seeking clinical services. Relatively little is known regarding the extent to which difficulties with anger and interpersonal violence are symptomatic of OEF/OIF veterans with PTSD. The current study examined hostility, aggression, and violence among OEF/OIF veterans (n=135) and Vietnam veterans (n=1369) who completed a structured clinical diagnostic interview and a battery of self-report screening instruments as part of their standard diagnostic evaluation at a VA specialty PTSD clinic. Vietnam veterans reported statistically higher hostility on the Cook-Medely Hostility Scale, more physical violence on the violence subscale of the Conflict Tactics Scale (CTS; Straus, 1989), and were more likely to report a history of difficulty controlling violent behavior in the past 30 days than OEF/OIF veterans. Despite these mean differences, OEF/OIF veterans reported significant difficulties with aggression including an average of 13.5 (s.d.=21) violent acts in the past year. Almost one in three OEF/OIF veterans (31%) reported difficulties with controlling violence (e.g., hitting someone) in the past month. Among OEF/OIF veterans with PTSD, violence was associated with socioeconomic status, alcohol use, and PTSD symptom severity.

Recent Violence Among Veterans Returning From Afghanistan and Iraq

(Abstract #942)

Elbogen, Eric, PhD³; Calhoun, Patrick, PhD¹; Wagner, Ryan, PhD¹; Beckham, Jean, PhD²

¹Duke University, Durham, North Carolina, USA

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

³University of North Carolina, Chapel Hill, North Carolina, USA

The increasing incidence of violence by returning veterans illustrates the challenges soldiers who served in Iraq and Afghanistan face in their transition back to civilian life and the need to develop methods to predict those most at risk. This

paper explores demographic, clinical, historical, and military factors associated with post-deployment violence among OEF/OIF veterans. Veterans (N=789) were interviewed as part of a multi-site study conducted through the Department of Veterans Affairs Mid-Atlantic 6 Mental Illness Research, Education and Clinical Center (MIRECC) and asked whether they had committed violent acts in the past month. Analyses show posttraumatic stress disorder (PTSD) strongly predicted post-deployment violence. Findings revealed a significant interaction between alcohol abuse and traumatic brain injury (TBI) with respect to violence; specifically, alcohol abuse alone and TBI alone were not statistically associated with violence; however, when veterans report alcohol abuse and TBI, violence risk is significantly elevated. Several combat-related variables related to post-deployment violence, even when controlling for PTSD. Clinical implications of effectively screening for post-deployment violence risk among Iraq and Afghanistan veterans are discussed.

Panel Discussion

Diagnostic and Treatment Considerations in OEF/OIF Veterans With Comorbid PTSD and TBI

(Abstract #441)

Panel Discussion (Assess Dx, Practice)

Roswell - 8th Floor

Decker, Melissa, PsyD³; Roberts, Sushma, PhD³; Batten, Sonja, PhD¹; Kortte, Kathleen, PhD²; Nett, Sara, PsyD³

¹Defense Centers of Excellence, Silver Spring, Maryland, USA

²Johns Hopkins SOM, Baltimore, Maryland, USA

³VA Maryland Health Care System, Baltimore, USA

Combat operations in Afghanistan and Iraq have resulted in postdeployment readjustment challenges for Service members, as well as renewed challenges for mental health providers. The current conflicts are marked by high levels of exposure to events that may lead to symptoms of Posttraumatic Stress Disorder (PTSD) and traumatic brain injury (TBI), which can itself result in cognitive, behavioral, and physical sequelae. It is well recognized that many returning veterans present with a complex array of symptoms with some overlap between PTSD and TBI. Diagnosis of the somewhat subtle symptoms of mild TBI versus those contributed by PTSD can be challenging and standard approaches to treatment for discrete symptoms of PTSD and TBI may be less efficacious in individuals with comorbid disorders. Integrative care, modification of the therapeutic approach, and the use of compensatory cognitive strategies are needed. This panel of experts in PTSD, TBI, and Neurorehabilitation will address complex case conceptualization and recommendations for best clinical practices in empirically supported treatments for comorbid PTSD and TBI in Operation Enduring Freedom/ Operation Iraqi Freedom Service members. Recommendations will be provided for adjusting the therapeutic environment and process to facilitate the effectiveness of interventions and will highlight innovative uses of technology.

Case Study

Rates of Placement Failure in Foster Care Population: A Picture of Chronic Trauma

(Abstract # 558)

Case Study (Child/Clin Res) International F - 6th Floor

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

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

Children who enter the child welfare system typically come from backgrounds of abuse, neglect, and trauma. Those who have difficulty sustaining out of home placements show elevated rates of trauma in their diagnostic history, as well as substantial behavioral problems (Stormshak, Chamberlain, & Bridges Whaley, 2001). Multiple placements are also correlated with higher rates of mental health issues, educational difficulties, and juvenile delinquency (Barber, Delfabbro & Cooper, 2001). It is unclear whether these difficulties predict or follow from placement instability, although the trauma of repeated placement change and attachment disruption is likely a contributing factor. In the current study, the authors analyzed risk assessment data from 3600 children who were evaluated at a foster care assessment center in a large Northern California city between 2004 and 2009. Of these children, 727 or 20.19% were processed through the center more than once, a measure of placement instability. In this case study we will be presenting data on diagnosis and trauma history on this subgroup. In an effort to bring the data alive we will also be discussing qualitative data on select cases to exemplify the abuse and neglect history, current functioning, and risks faced by this vulnerable population.

Papers

Treatment Studies: IV

International D - 6th Floor

Chair: Mary Ann Dutton, PhD

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

Recruitment of Low-Income Minority Women With Trauma and Mental Health Symptoms Into Clinical Trials

(Abstract #819)
(Res Meth, Cul Div)

Cook, Alexis, BA¹; Dutton, Mary Ann, PhD¹; Murray, Lindsey, BA²; Schelbert, Kavitha, MD, MS³; Schiavone, Deborah, RN, PhD¹; Chattillion, Elizabeth, BA¹

¹*Georgetown University Medical Center, Washington, District of Columbia, USA*

²*United BioSource Corporation, Bethesda, Maryland, USA*

³*University of Pittsburgh, Pittsburgh, Pennsylvania, USA*

Mental health research with low-income minority women has suffered from difficulties in recruitment and retention and may relate to stigma of mental health and interpersonal trauma disclosure. Little research has tested methods of recruitment among low-income women with trauma histories in primary

care. This study compared two methods of recruitment into a stress-reduction intervention. Women (n=1696) attending a low-income health clinic were approached in the waiting room: 213 (12.9%) refused, 295 (17.4%) completed, and 1190 (70%) were not eligible for screening. Those who screened positive for PTSD and depression symptoms (39.3%) were randomized to either the "hot" (clinic physician personally introducing the subject to the study recruiter) or "cold" (physician provision of a business card with request to leave a phone number) condition. The conditions were designed to mimic clinical referral to services. Physicians completed more "cold" than "hot" (71% vs 61%) referrals. Subject recruitment into the intervention was low: cold (17.5%), hot (15.7%); 58% refused the "hot" referral and 31% refused to leave a number for "cold." Intervention attendance differed for hot (64%) and cold (25%) patients. Results suggest the importance of physician introduction to referral providers and indicate the substantial challenges to recruitment of this population into interventions.

Mindfulness Intervention for Child Abuse Survivors

(Abstract #831)
(Clin Res, Practice)

Kimbrough, Elizabeth, PhD, MPH; Magyari, Trish, MS; Chesney, Margaret, PhD; Berman, Brian, MD

University of Maryland, Baltimore, Maryland, USA

INTRODUCTION: We conducted a pilot study of the Mindfulness-Based Stress Reduction program (MBSR) with adult survivors of childhood sexual abuse. METHODS: MBSR comprised 8 weekly group classes with daily home practice and 3 refresher classes until 6 months. Assessments occurred at baseline, 4, 8 and 24-weeks. The primary outcome was self-reported depressive symptoms at 8-weeks; secondary outcomes were PTSD, anxiety and mindfulness. Analyses included repeated measures mixed model estimates and Hedge's g effect size. RESULTS: Twenty-seven adult survivors of childhood sexual abuse were enrolled, with 23 (85%) completing 8-week assessment. All outcomes were statistically significantly improved at each time-point (p<0.0001). Effect sizes (ES) (all p<0.0001, 4-weeks, 8-weeks, 24-weeks): Depressive symptoms ES: 1.1, 2.3, 1.4. PTSD symptoms ES: 1.1, 1.9, 1.5. Anxiety ES: 1.1, 1.7, 1.3. Mindfulness ES: 0.8, 1.5, 1.2. PTSD symptoms improved significantly in criteria of re-experiencing, avoidance/numbing and hyper-arousal, with improvement strongest in avoidance. Meditation and yoga home practice were correlated with improvement in depressive symptoms (p<0.01). CONCLUSION: To our knowledge, this was the first investigation of MBSR among adult survivors of childhood sexual abuse. The program was feasible, safe and acceptable among these participants. Potential clinical relevance was underscored by the large effect sizes observed. Further research is warranted in randomized, controlled trials.

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

Dialectical Behavior Therapy for PTSD After Childhood Sexual Abuse: A Randomized Controlled Trial

(Abstract #722)
(Clin Res, Practice)

Priebe, Kathlen, Dipl Psych³; Steil, Regina, PhD¹; Dyer, Anne, PhD²; Krüger, Antje, Dipl. Psy³; Bohus, Martin, MD²

¹University of Frankfurt, Frankfurt, Germany

²Central Institute of Mental Health, Mannheim, Germany

³University of Mannheim, Mannheim, Germany

Background: Numerous randomized controlled trials (RCTs) have demonstrated the efficacy of cognitive behavioral therapy in the treatment of PTSD. However, the external validity of these studies is limited with regard to PTSD related to childhood sexual abuse (CSA) which often results in severe and complex symptomatology. To meet the specific needs of adult patients with PTSD related to CSA we combined dialectical behavior therapy and cognitive behavioral therapy for PTSD. Methods: Women suffering from PTSD related to CSA were randomly assigned to a treatment group or a wait list control group. The treatment group received a 12 weeks residential program of DBT-PTSD. All patients were assessed before randomization, 3 month, 4.5 month and 6 month after randomization. Assessments included the Clinician-Administered Posttraumatic Scale (CAPS), Posttraumatic Diagnostic Scale (PDS), Beck Depression Inventory (BDI), Dissociative Experiences Scale (DES), and State Trait Anxiety Inventory (STAI). Results: Patients who received DBT-PTSD experienced a greater reduction in PTSD symptoms and were more likely to achieve remission compared with the controls. The between groups effect size for the primary outcome (CAPS) was large ($d = 1.4$; $p < 0.001$). Comparisons yielded medium to large effect sizes for the secondary outcomes (BDI, DES, STAI). Treatment gains were maintained at follow-up. Conclusions: The preliminary results suggest that DBT-PTSD has promise for reducing PTSD related to CSA. A RCT in an outpatient setting is planned.

Papers

Social Support/Social Reactions

International H - 6th Floor

Chair: Amy Saling, PhD
Xavier University, Cincinnati, Ohio USA

Social Reactions to Sexual Assault Scenarios: The Role of Problem Drinking

(Abstract #233)
(Clin Res, Prev El)

Saling, Amy, PhD³; Orchowski, Lindsay, MS¹; Gidycz, Christine, PhD²

¹Brown University, Cumberland, Rhode Island, USA

²Ohio University, Dept of Psychology, Athens, Ohio, USA

³Xavier University, Cincinnati, Ohio USA

Perceptions of what constitutes a sexual assault are influenced by whether the perpetrator, victim, or both individuals are reported to have consumed alcohol prior to the experience (Norris & Cubbins, 1992). This study examines how social

reactions to sexual assault vary as a function alcohol use by the victim and/or perpetrator as well as personal problem drinking behavior. College men (N=128) and women (N=190) were randomly assigned to read one of four sexual assault scenarios (Pinzone-Glover et al., 1998) in which the following individuals consumed alcohol: A) male; B) female; C) neither; D) both. The Social Reactions Questionnaire (Ullman, 2000) assessed participants' social reaction to the victim. The Drinking and Drug Habits Questionnaire (Collins et al., 1985) assessed problem drinking behavior. A series of one-way analyses of variance were calculated to examine the role problem drinking and scenario type in participants' social reaction to the victim. Men without problem drinking indicated they would provide more tangible aid to the victim than men with problem drinking, $F(1,120)=5.09$, $p<.05$. Among women who read Scenario D, women with problem drinking indicated that they would provide more egocentric reactions to the victim compared to women without problem drinking, $F(3,184)=4.48$, $p<.01$. Among women who read Scenario C and D, women with problem drinking indicated they would provide more distraction to the victim compared to women without problem drinking, $F(3,184)=2.80$, $p<.05$. Implications for educating college students on responding to disclosure of sexual assault will be discussed.

Using Social Network Analysis to Study Collaboration Within National Child Traumatic Stress Network

(Abstract #907)
(Child, Res Meth)

Sukumar, Bhuvana, PhD; Geng, Yisong, PhD

ORC Macro Intl, Atlanta, Georgia, USA

The National Child Traumatic Stress Network (NCTSN) was initiated as a model of interagency collaboration that is involved in the development, testing, organization, and delivery of quality care to children and their families who have experienced traumatic stress. The organizational structure of the NCTSN (Category I, II, and III centers) is designed to foster collaboration between centers and is expected to expand the knowledge base for evidence-based treatment of child traumatic stress. Category I center includes two lead grantees that collaborate with SAMHSA to serve as the Network's national coordinating center, providing technical assistance to Network centers. Category II centers provide expertise regarding the development and evaluation of trauma-specific treatments and intervention for diverse clinical and demographic populations. Category III centers primarily provide direct mental health services to children and their families and implement and evaluate interventions in community-based settings. This presentation will highlight the nature and the extent of collaboration on governance, evidence based product development and adoption among NCTSN centers. Using social network analysis, the levels of interorganizational communication, clusters of activity, centers integral to collaboration and change in interaction over time will be discussed. Factors that facilitate or impede collaboration will also be explored.

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

Papers

Trauma Exposure

Augusta I – 7th Floor

Chair: Grete Dyb, MD, PhD

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

Patterns of Violence Exposure Associated With Posttraumatic Stress Disorder

(Abstract #207)

(Clin Res, Soc Ethic)

Cavanaugh, Courtenay, PhD; Campbell, Jacquelyn, PhD, RN

Johns Hopkins University, Baltimore, Maryland, USA

This study examined patterns of violence exposure associated with posttraumatic stress disorder (PTSD). Participants were 1183 female nursing personnel in a prospective case control study examining differences among nurses with and without histories of workplace violence (WPV). The Primary care PTSD screen (PC-PTSD) was used to assess for lifetime PTSD. Latent class analysis was used to examine patterns of the following eight types of violence exposure: (1) childhood physical abuse (CPA), (2) childhood sexual abuse (CSA), (3) parental intimate partner violence (IPV) during childhood, (4) psychological IPV, (5) physical IPV, (6) sexual IPV, (7) physical WPV, and (8) psychological WPV. The best solution consisted of five classes characterized by the following: low levels of violence exposure (Class 1; 50.0%); high levels of physical and psychological WPV (Class 2; 25.1%); high levels of psychological and physical IPV (Class 3; 7.9%); moderate to high levels of CPA, CSA, and parental IPV during childhood (Class 4; 7.0%); and moderate to high levels of all types of violence with the exception of parental IPV during childhood (Class 5; 10.0%). Women in Classes 4 and 5 had 3.12 and 8.33 the odds respectively of having PTSD compared to women in Class 1 implications are discussed.

Violence and Sexual Abuse in Mothers of Young Children: Risk of Depression and Mediating Factors

(Abstract #877)

(Soc Ethic, Cul Div)

Thoresen, Siri, PhD; Dyb, Grete, MD, PhD

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

Objectives: This study investigated risk of depression associated with physical violence, emotional violence, and/or sexual abuse using data from a large and longitudinal sample of mothers of young children, the Norwegian Mother and Child Cohort Study. Self esteem, loneliness, and self efficacy were investigated as potential mediators. Methods. Women were recruited in pregnancy, and questionnaire data were collected in several waves (response rate ≈ 40%). Lifetime exposure to sexual abuse, violence and/or emotional violence measured at T1 (late pregnancy) were analyzed as predictors of depression (mean 4-items HSCCL >1.75) at T4 (3 years later). Mediators were measured at two intermediate time points. Results. In the 23,135 respondents, 28.2% reported lifetime exposure to at least one violent or abusive event. Self-reported depression was higher in exposed (20.6%) compared to non-exposed (9.1%) (OR: 2.58, 95% CI = 2.38 – 2.80). Exposure to violence/sexual abuse was

associated with self esteem ($r = -.14$), partner satisfaction ($r = -.13$) and loneliness ($r = .18$) ($p < 0.001$), but less with self efficacy ($r = .04$). Data supported a partial mediation effect of self esteem and loneliness (which in combination reduced the unstandardized beta of exposure with 37%). Self efficacy did not mediate the association between exposure and depression.

The Impact of Witnessing Parental Violence and Experiencing Childhood Abuse on Adult IPV Exposure

(Abstract #749)

(Practice, Prev El)

Iverson, Katherine, PhD¹; Harrington, Kelly, PhD¹; Jimenez, Shertyn, MFA, PhD¹; Resick, Patricia, PhD^{1,2}

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

²*Boston University, Boston, Massachusetts, USA*

Debate remains about whether childhood victimization experiences are associated with intimate partner violence (IPV) victimization in adulthood. Contrary to previous research (Hotelling & Sugarman, 1986), a recent review concluded that witnessing parental IPV was only weakly associated with IPV victimization (Schumacker et al., 2001). Results of studies examining the potential link between childhood sexual abuse (CSA) and childhood physical abuse (CPA) are also inconsistent (Riggs, Caulfield, & Fair, 2009). This study examined the relationships among witnessing parental IPV, CSA, CPA, and IPV victimization in adulthood in a cross-sectional study of male and female rape or robbery victims ($n=293$) recruited for a larger study examining the effects of trauma. Over half of the sample (53.3%) reported lifetime IPV victimization. Logistic regression analyses demonstrated that each childhood variable was independently associated with IPV victimization. However, when all three variables were entered simultaneously into the regression model, only witnessing parental IPV remained significantly associated with IPV: participants who witnessed parental IPV had 1.6 times the odds of IPV victimization in adulthood than participants who did not witness parental IPV (95% confidence interval: 1.13, 2.32; $p < .01$). These findings suggest that witnessing parental IPV may put individuals at risk for subsequent IPV victimization.

Saturday: 2:00 p.m. – 3:15 p.m.

Papers

Emotion Dysregulation

Augusta II & III - 7th Floor

Chair: **Christoph Mueller-Pfeiffer, MD***University Hospital, Psychiatric Department, Zurich, Switzerland***Impact of Emotion on Cognition in Trauma Survivors: What is the Role in PTSD?**

(Abstract # 220)

Assess Dx, Res Meth)

Mueller-Pfeiffer, Christoph, MD; Martin-Soelch, Chantal, PhD; Blair, James, PhD; Rufer, Michael, MD; Schnyder, Ulrich, MD; Hasler, Gregor, MD*University Hospital, Psychiatric Department, Zurich, Switzerland*

Cognitive theories of anxiety disorders (AD) postulate that the exaggerated fear response to disorder specific threatening stimuli could be related to a processing bias of threat-related material. Because previous studies on posttraumatic stress disorder (PTSD) have suggested abnormal processing of emotional cues unrelated to trauma and dysregulation of emotions unrelated to the fear-panic system, we hypothesized that these findings are specific for PTSD and distinctive from other anxiety disorders. We recorded reaction times, response accuracy and emotional feelings in trauma-exposed subjects with PTSD (N=14), trauma-exposed subjects with AD other than PTSD (N=12), trauma-exposed healthy subjects (trauma controls, N=12) and non-trauma-exposed healthy controls (N=19) while they performed the affective Stroop task. This task measures interferences, i.e. the effect of irrelevant emotional distractors on the speed of operant responding. Compared to trauma-exposed subjects with AD other than PTSD and controls, patients with PTSD exhibited greater response interferences for negative but not for positive distractors. Moreover, they reported increased fear-related emotions but no increase in other negative emotions (such as distress, guilt, or irritability) toward negative distractors compared to subjects in other groups. Abnormal processing biases for trauma-unrelated general negative stimuli seem specific for individuals with PTSD and were not evidenced in patients with other AD. However, our data do not support a dysregulation of emotions unrelated to the fear-panic-system in PTSD.

Shame: A Missing Link to the Unraveling of Complex Trauma Reactions in Non-Western Communities

(Abstract # 510)

(Cul Div, Practice)

Caspi, Yael, ScD, MA¹; Saroff, Ortal, PhD²¹*Department of Psychiatry, RAMBAM Medical Health Center, Haifa, Israel*²*University of Haifa, Haifa, Israel*

Revisions to the Diagnostic and Statistical Manual of Mental Disorders (*DSM*) are expected to reflect the growing understanding in the field of traumatic stress that the construct of PTSD warrants reexamination to address the complex and multifaceted nature of the trauma experience and related response. Consideration of cross-cultural factors is inherent to how problems of posttraumatic adjustment are defined and conceptualized. The current presentation will address the manifestations of PTSD in Bedouin men exposed to trauma due to service in the Israel Defense Forces. Drawing from both study data and description of specific case studies, the primary contention of this presentation is that shame is a critical dimension of posttraumatic pathology among members of traditional and non-Western communities. While the role of shame in PTSD and its relation to self-esteem and depression has been discussed in the context of Vietnam veterans, it is argued here that the dynamics of shame experienced by traumatized men from cultures that are shame/honor-based, deserve distinct consideration by the relevant *DSM-V* workgroups. Decoding shame and its role as a traumatic agent will guarantee progress in the commonly bleak outcomes of therapeutic interventions with these patients.

Mindfulness in Risk and Resilience for Psychopathological Sequelae of Traumatic Stress

(Abstract #506)

(Prev El, Clin Res)

Bernstein, Amit PhD,³ Vujanovic, Anka, PhD²; Tanay, Galia, BA³; Zvolensky, Michael, PhD¹¹*University of Vermont, Burlington, Vermont, USA*²*Brown Medical School, Providence, Rhode Island, USA*³*University of Haifa, Tel Aviv, Israel*

This study examines the putative role(s) of mindfulness in risk and resilience to psychopathological sequelae of trauma - posttraumatic stress, depression, and anxiety. We hypothesized that mindful attention and awareness (Mindful Attention and Awareness Scale) and acceptance without judgment (Kentucky Inventory of Mindfulness Skills), would be negatively associated with symptomatology posttrauma (as indexed by the Posttraumatic Diagnostic Scale [PDS]; MASQ: Anhedonic Depression & Anxious Arousal subscales). Participants included 76 adults (n = 35women, Mage = 30 (SD = 12.5)) exposed to at least one criterion-A traumatic event. Elevated symptoms were observed among those with low levels of mindfulness (e.g., posttraumatic stress symptom severity: M = 19.3, SD=11.8 [moderate severity on PDS: 11-20]), whereas non-clinical levels of symptoms were observed among those with high levels of mindfulness (e.g., posttraumatic stress symptom severity: M = 2.4, SD = 3.5 [mild severity on PDS: 0-10]). Analyses revealed large (negative) associations between mindfulness and posttraumatic stress (r² = .22, p < .01), anxiety (r² = .31, p < .01),

and depressive symptoms ($r_2 = .19, p < .01$). Findings will be discussed in terms of resilience and risk for posttraumatic stress psychopathology, and the clinical implications of such research for early intervention and treatment.

Workshop

Going From Failure to Moderate Success With Vietnam Veterans in a U.S. VA Outpatient PTSD Program

(Abstract #490)

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

Ready, David, PhD²; Mascaro, Nathan, PhD²; Bradley, Bekh, PhD¹; Rogers, Susan, PhD³; Worley, Virginia, LICSW²

¹Emory University, Atlanta, Georgia, USA

²Atlanta VA Medical Center, Atlanta, Georgia, USA

³VA Medical Center, Coutesville, Pennsylvania, USA

The U.S. Department of Veterans Affairs (VA) has had over 140 specialized posttraumatic stress disorder (PTSD) treatment programs for over a decade, yet detailed accounts of their treatments and outcomes are rare. We propose to present data from self-report measures tracking outcomes of a 16-week outpatient VA PTSD program at two points in time. At both points Vietnam veterans were treated in cohorts of ten with same amount of group therapy and equivalent staff. The data suggest that the initial treatment model in 1998 increased PTSD and associated symptoms and that the current model decreases these symptoms. The 1998 model focused on teaching coping skills and helping veterans gain insight into how Vietnam affected current behavior. It encouraged talking about war experiences in a way that may have unintentionally exacerbated symptoms. This model's failure led to the development of Group Based Exposure Therapy (GBET) in 2003. GBET's primary goal is to produce habituation to war-related trauma through patients making two within-group presentations about their traumatic combat experiences and listening to recordings of their presentations ten or more times. Lessons learned from treating over 250 veterans with GBET and 15 years of attempting to provide effective treatment for chronic war-related PTSD will be discussed.

**Concurrent Session 14
Saturday, November 7
3:30 p.m. – 4:45 p.m.**

Featured Speaker

Considering PTSD for DSM-V

Assess Dx International C - 6th Floor

Friedman, Matthew J.¹; Bryant, Richard²; Keane, Terence, PhD³; Kilpatrick, Dean G.⁴; Schnurr, Paula, PhD⁵

¹National Center for PTSD and Dartmouth Medical School

²University of New South Wales

³National Center for PTSD and Boston University

⁴Medical University of South Carolina

⁵National Center for PTSD and Dartmouth Medical School

A great deal has been learned about reactions to traumatic stress ever since 1980 when PTSD became an official diagnosis in DSM-III. The diagnosis was modified in 1994 for the DSM-IV because of new scientific findings as well as the collective clinical experience of many practitioners. Once again, we have an opportunity to review what has been learned during the past 15 years and to consider whether we should modify any of the PTSD diagnostic criteria for DSM-V. Last year, ISTSS convened a full day of symposia that not only reviewed the PTSD diagnostic criteria but also other posttraumatic reactions among children and adults. This year, Matt Friedman will moderate a panel composed of Richard Bryant, Terry Keane, Dean Kilpatrick and Paula Schnurr. They will address some of these issues in an interactive format that will invite audience participation.

Master Clinician

A United Transdiagnostic Treatment for Emotional Disorders Applied to Combat Related PTSD

Clin Res/Mil Emer Vinings I & II 6th Floor

Barlow, David, PhD, ABPP

Boston University, Center for Anxiety and Related Disorders, Boston, MA

Deepening understanding of the nature of emotional disorders including PTSD reveals that commonalities in etiology and latent structure among these disorders supersedes differences. This suggests new approaches to classification and the possibility of distilling a set of psychological procedures that would comprise a unified intervention for emotional disorders. Based on theory and data emerging from the fields of learning, emotional development and regulation, and cognitive science, we identify three fundamental therapeutic components relevant to the treatment of emotional disorders generally. These three components include (1) altering antecedent cognitive reappraisals; (2) preventing emotional avoidance; and (3) facilitating action tendencies not associated with the emotion that is dysregulated. This treatment takes place in the context of provoking emotional expression (emotional exposure) through situational, internal and somatic (interoceptive cues), as well as through standard mood induction exercises, and differs from patient to patient only in the situational cues and exercises utilized. Theory and rationale

Saturday: 2:00 p.m. – 3:15 p.m.

and the latest data supporting this new unified transdiagnostic approach are described in the context of sequelae of the trauma of war and resulting combat related PTSD. It is suggested that this unified treatment may represent a more efficient and possibly a more effective strategy in treating emotional disorders, pending further evaluation.

Media Presentation

Operational Stress and PTSD in Emergency Services Personnel - A Documentary Film

[Abstract #113]

Media (Clin Res, Mil Emer) **International H - 6th Floor**

Velakoulis, Arthur, MD³; McHugh, Tony, MA¹; Nurse, Jane, BBS, BBS, MPsych², Hopwood, Malcom, MD³

¹Austin Health, West Heidelberg, Victoria (Australia)

²Veteran Psychiatry Unit, West Heidelberg, Victoria (Australia)

³Centre for Trauma Related Mental Health, Austin Health and University of Melbourne, Melbourne, Australia

This compelling documentary profiles the symptoms, careers, family and social sequelae of operational stress injuries amongst Australian emergency services personnel, each with between 10 and 28 years operational experience. Police and ambulance officers discuss their struggle with recognizing and accepting their operational stress injuries. They detail the onset of escalating PTSD, anxiety and depressive symptoms, interspersed with Austin Health clinical staff commentaries. What emerges is a profound first person account of their symptom profiles, initial denial and resistance to care-seeking, alcohol abuse, and the eventual impact on their career trajectories and family life. The nature of their trauma exposure includes: • homicides and suicides • motor vehicle and arson fatalities, • domestic terrorist bombing • peacekeeping operations the intended uses of the film are as: • an educational resource for symptomatic officers, and their families • a professional development tool for students and mental health care workers • an educational resource for officers in training. Given the documentary's length, the film creator will only briefly introduce the film and take limited questions at the finale.

Participant Alert: Verbal reports relating to traumatic incidents may prove distressing or exacerbate PTSD symptoms.

Symposium

Sexual Harassment and PTSD: Onset, Recovery, and Process

[Abstract #966]

Symposium (Soc Ethic, Clin Res) **Augusta I - 7th Floor**

Larsen, Sadie, MA

University of Illinois Urbana Champaign, Champaign, Illinois, USA

PTSD literature most often focuses solely on onset with little if any attention paid to the nature and process of recovery. This is an important omission, given that PTSD is often chronic, and factors related to onset may differ from those related to

maintenance or recovery. This symposium attempts to begin this process by examining influences on both onset and recovery from PTSD following sexual harassment. Although there has been a debate within the literature about whether or not sexual harassment constitutes a Criterion A stressor, several studies have now shown that harassment can lead to the full symptom picture of PTSD. We examine dimensions of the stressor (harassment) such as nature and intensity, dimensions of victim vulnerability, and the influence of various cognitive factors to identify important contributors to both onset and recovery from PTSD. We perform these analyses in a unique sample. Women involved in class action sexual harassment litigation against a nationwide firm provided data about their experiences at 3 time points across a 5-year period. The first paper discusses factors related to onset of PTSD symptoms, the second discusses factors related to recovery from PTSD, and the third discusses particular cognitive processes involved in harm and recovery from PTSD following harassment.

Stimulus and Individual Factors Related to PTSD Symptomatology in Sexual Harassment Victims

[Abstract #969]

Collinsworth, Linda, PhD

Milliken University, Decatur Illinois, USA

Sexual harassment research entered its second generation with well-documented evidence of negative victim consequences, including job, health, and psychological damage. One area that remains unexamined, however, is the process that leads to that harm. Fitzgerald, Swan, and Magley (1997) propose three influences on the psychological, health-related, and organizational outcomes of sexual harassment, each partially mediated by the victim's subjective appraisal of her experience. These are (a) objective or stimulus factors (e.g., frequency, intensity, duration of the harassment), (b) individual factors (e.g., victimization history, victim's resources, attributions), and (c) contextual factors (e.g., organizational climate). The present paper examines the relative contribution of individual and objective influences on posttraumatic symptomatology following sexual harassment. In this study, we examined a group of approximately 1200 women employed in the financial industry who were involved in a class action law suit. A series of hierarchical regressions explored the contribution of various factors to posttraumatic symptomatology; dominance analysis subsequently revealed that the severity of the experiences and the attributions made about them were the most important influences on symptoms of Posttraumatic Stress Disorder (PTSD). Implications of these findings are discussed.

The Role of Perceptions of Control in PTSD Maintenance and Recovery

[Abstract #1031]

Larsen, Sadie, MA

University of Illinois Urbana Champaign, Champaign, Illinois, USA

Researchers have compiled significant evidence to demonstrate that sexual harassment leads to poor psychological outcomes, including the full symptom picture of PTSD (e.g. Schneider, Swan, & Fitzgerald, 1997). However, to this point there have been limited studies on how and why sexual harassment leads to such outcomes for some people and not others. The extensive

body of work on attributions in rape and sexual assault victims would suggest that a victim's attributions about the cause of the sexual harassment may be an important predictor of outcomes. Recently, however, some researchers have asserted that attributions' effects on PTSD are in fact mediated through perceptions of control, which may be more important and proximal causal mechanisms. The current study used path modeling to examine attributions and perceptions of control as they contribute to PTSD maintenance and recovery in a sample of class action participants from the financial industry. As expected, perceptions of control (especially control over the recovery process) had a stronger relationship to PTSD symptoms than did attributions (though both were significantly related). Moreover, self-blame's effect on PTSD was mediated through perceived control. Unexpectedly, perceptions of control over future harassment were positively related to PTSD. Implications for research and clinical practice will be discussed.

**Sexual Harassment and PTSD:
Toward a Model of Harm and Recovery**

(Abstract #1026)

Fitzgerald, Louise, PhD¹; Larsen, Sadie, MA¹; Wright, Vaile, PhD²; Collinsworth, Linda, PhD²; Lawson, Angela, PhD³

¹University of Illinois Urbana Champaign, Champaign, Illinois, USA

²Summa-Kent State Center for the Treatment and Study of Traumatic Stress, Akron, Ohio, USA

³Northwestern Medical Faculty Foundation, Chicago, Illinois, USA

⁴Milliken University, Decatur Illinois, USA

Despite the growing body of evidence regarding the link between sexual harassment and PTSD, virtually nothing is known about the pathways and processes that facilitate recovery. Indeed, a search of the literature revealed numerous empirical papers linking sexual harassment and PTSD, of which not a single one examined subsequent recovery. The present paper is an attempt to address this issue. In the current sample, approximately 59% (n = 727) of the professional women in a class action lawsuit provided complete data for the first 2 of 3 waves of data collection. One third of the sample met diagnostic criteria for PTSD at Time 1 and 9% continued to meet criteria two years later. Binomial logistic regression based on trauma severity, attitudes and cognitions, and previous abuse correctly predicted diagnostic status of 74% of the sample. Those who no longer met criteria at Time 2 experienced less severe harassment, reported less schema damage and harasser blame, and were less likely to report having experienced other forms of violence and abuse. Results are discussed in terms of the relative contribution of stimulus, cognitive, and vulnerability variables to recovery from this widespread form of trauma.

Panel Discussion

**Family Systems Approaches to Trauma:
Relational Issues and the DSM-V**

(Abstract #217)

Panel Discussion (Soc Ethic, Assess Dx) International E - 6th Floor

Dekel, Rachel, PhD³; Kiser, Laurel, PhD MBA²; Nelson-Goff, Briana, PhD¹

¹Kansas State University, Manhattan, Kansas, USA

²University of Maryland School of Medicine, Baltimore, Maryland, USA

³Bar Ilan University, Ramat-Gan, Israel

Traumatic events affect not only the individual trauma survivor, but also people who have significant relationships with traumatized individuals (e.g., spouses, partners, children). Much of the literature on traumatic stress focuses on diagnosis and treatment of the individual, without a theoretical and clinical description of the systemic impact of trauma. Theoretical and empirical models are needed to bridge traumatic stress theory and family systems theory, to guide research, diagnosis and treatment of traumatic stress. The panel will review the current empirical and clinical approaches to traumatized systems, including 1) the effects of combat related PTSD on family relations, 2) the impact of trauma related to urban poverty on the family and 3) a three-phase research project that focuses on the impact of trauma history on current relationship functioning in couples. The panel will include discussion regarding current theoretical models of traumatized systems, the primary issues faced by traumatized systems, and approaches to empirical study and clinical care of traumatized systems.

Papers

Women and Gender Research

International D – 6th Floor

Chair: Michelle Mengling, PhD

CRIISP Iowa City VAMC, Iowa City, Iowa, USA

PTSD in Depressed Mothers in Home Visitation

(Abstract #523)

(Assess Dx, Commun)

Ammerman, Robert, PhD¹; Putnam, Frank, MD¹; Chard, Kathleen, PhD²; Bosse, Nicole, MA¹; Van Ginkel, Judith, PhD³

¹Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

²Cincinnati VAMC, Ft. Thomas, Kentucky, USA

³Every Child Succeeds, Cincinnati, Ohio, USA

Home visitation is an early prevention program for sociodemographically at-risk, first-time mothers and their young children designed to optimize maternal lifecourse and child development trajectories. High rates of maternal depression and reported child abuse histories have been reported in this population, but PTSD has never been explored. This study examined PTSD and symptom severity in 75 mothers diagnosed with major depressive disorder (MDD) assessed at 5 months postpartum. Results indicated that 38.7% had PTSD using the SCID, making it the most frequent comorbid diagnosis. PTSD was associated with earlier onset of MDD, recurrent vs. single episode of MDD, and history of sexual abuse. Examination of symptom severity in those with PTSD using the Davidson Trauma Scale (DTS) revealed that greater PTSD severity was associated with increased depressive symptoms, increased other psychiatric symptoms, decreased social support, smaller social networks, impaired mother-child relationships, and greater parenting stress. Stronger associations were found between the Hyperarousal and Intrusiveness scales of the DTS and maternal functioning and parenting in comparison with the Avoidance/ Numbing scale. This is the first study to document the prevalence of PTSD in depressed mothers in home visitation, and to establish a link between severity of PTSD symptoms and impairment in parenting.

Saturday: 3:30 p.m. – 4:45 p.m.

Sex Differences in Health Following Military Sexual Harassment and Warfare Exposure

(Abstract #438)
(Bio Med, Cul Div)

Schuster, Jennifer, PhD^{1,2}; Morrison, Jay, MA^{1,2}; Shipherd, Jillian, PhD^{1,2}; Vogt, Dawne, PhD^{1,2}; King, Daniel, PhD^{1,2}; King, Lynda, PhD^{1,2}

¹*Boston VA Health Care System, Boston, Massachusetts, USA*
²*National Center for PTSD, Boston, Massachusetts, USA*

Literature supports the connection between trauma exposure and poor health in both men and women, and research suggests both direct and indirect influences of potentially traumatic events (PTE) on health. Posttraumatic Stress Symptoms (PSS) are hypothesized to partially mediate the relationship between PTE and poor health. However, the presence of moderating variables, such as sex, can complicate these relationships. Type of trauma may also play a role. This study examines the relationship between two different PTE (military sexual harassment and warfare exposure), PTSD, and specific physical health symptoms in men and women who served in the Gulf War. Participants (234 men, 83 women) completed the Deployment Risk and Resilience Inventory, the PTSD Checklist, and a measure of physical symptoms. Multiple regression analyses demonstrate a main effect of trauma (regardless of type) on all categories of health complaints for men. For women, PTE was directly related to only certain health symptoms and differed based on trauma type. For both men and women, all health symptoms were fully or partially mediated by PTSD, although the pattern and degree of mediation differed between the sexes. Potential implications of this interaction between sex, trauma type, and health symptoms are explored.

Type of Traumatic Exposure and the Effect on Women Veteran’s Health Outcomes

(Abstract #419)
(Assess Dx, Mil Emer)

Mengeling, Michelle, PhD¹; Sadler, Anne, RN PhD³; Torner, James, PhD, MS⁴; Booth, Brenda, PhD²

¹*CRIISP Iowa City VAMC, Iowa City, Iowa, USA*
²*UAMS, Little Rock, Arkansas, USA*
³*VAMC, Iowa City, Iowa, USA*
⁴*University of Iowa School of Public Health, Iowa City, Iowa USA*

This study investigated differences in women veteran’s physical and mental health outcomes by type of trauma exposure (military, life events, and sexual assault). The retrospective study (1004 women; mean 38 years) found 29% had served in military combat, 75% experienced the sudden death of a close friend or relative, and 51% reported one or more lifetime rapes (32% experienced Military Sexual Trauma (MST)). Women experiencing MST were significantly more likely to report childhood rape (41% vs 26%) and rape following military service (18% vs 8%). Sexual assault was most often identified as the greatest traumatic event. There was no significant difference in physical or mental health scores (SF12) for those who had experienced at least one military trauma or life events trauma. Women experiencing a sexual trauma were more likely to be depressed (CIDI-SF) (39% vs 16%, p<.0001) or to have a PTSD (PSS-I) diagnosis (35% vs 11%) compared to their non-assaulted peers. Twenty-two percent of those experiencing a sexual trauma were diagnosed with both PTSD and depression. Sexual assault is associated with greater

rates of PTSD and depression than rates associated with combat or traumatic life events.

Post Deployment Adjustment and Barriers to Care for OEF/OIF Reserve & National Guard Servicewomen

(Abstract #1027)
(Mil Emer, Prev El)

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

¹*CRIISP Iowa City VAMC, Iowa City, Iowa, USA*
²*UAMS, Little Rock, Arkansas, USA*
³*VAMC, Iowa City, Iowa, USA*
⁴*University of Iowa School of Public Health, Iowa City, Iowa USA*
⁵*University of Iowa School of Social Work, Iowa City, Iowa*

Background and Objectives: Little is known about women’s combat experiences and post-deployment adjustment. Even less is known about these experiences specific Reserve and National Guard (R/NG) servicewomen. Methods: Eight focus groups were held with OEF/OIF R/NG servicewomen in four Midwestern states (N = 39). Results: Post-deployment adjustment(51 references) and barriers to accessing care (140 references) were frequent themes. Women noted family concerns, such as immediate immersion into parenting and negotiating changed family roles while hyperaroused. Deployment with a unit other than one’s home unit (cross-leveling) was reported to contribute to isolation, harassment and assault risk during deployment. Women with traumatic experiences (combat, assault) stated that post-deployment they were unable to talk with home unit peers or officers as they didn’t share the same experiences and also feared stigma. Most were reluctant to discuss their deployment with civilians. Many reported limitations in ability to leave home given driving anxiety. Concerns about managing post-traumatic stress symptoms and adverse consequences of seeking help were notable. Impacts: Family adjustment, isolation, and unmet mental health needs were consistent concerns for deployed R/NG women. Regular military return from deployment to an environment where combat is a common experience. R/NG servicewomen return to civilian lives with different everyday demands and without the same supports.

Participant Alert: Verbal presentation identifying rape and combat as trauma exposures.

Papers

Genocide/Torture

International F - 6th Floor

Chair: Carl Auerbach, PhD

Yeshiva University, New York, New York, USA

Complex PTSD in Former Ugandan Child Soldiers

(Abstract # 73)
(Child, Disaster)

Klasen, Fionna, Dipl.-Psych¹, Daniels, Judith Karina, PhD², Adam, Hibertus, MD⁴; Oettingen, Gabriele, PhD³

¹University Medical Center, Hamburg, Germany

²UKE Hamburg, Hamburg, Germany

³New York University, New York, New York, USA

⁴Children for Tomorrow, Hamburg, Germany

More than 250,000 children and adolescents are exploited as child soldiers in armed conflicts around the globe. Self report measures were used to assess traumatic experiences during abduction, PTSD (MINI-KID), depression (MINI-KID), behavioral and emotional problems (YSR), revenge motivation (TRIM), and guilt cognitions (TRGI) in 330 former Ugandan child soldiers (age: 11–17 years; female: 48.5%). Children had been abducted at a mean age of 10.75 years and had served for an average period of 19.81 months. They were exposed to high levels of traumatic experiences during abduction, e.g., 91.8% were exposed to shooting, 86.4% were threatened with death, 52.6% were forced to kill another person, and 25.8% were raped. Prevalence rates were 33.0% for PTSD, 36.4% for depression, and 61.2% for clinically significant behavioral and emotional problems, respectively. Mental health outcomes were significantly associated with number of traumatic experiences (PTSD: $r=.25$, $p<.001$; depression: $r=.21$, $p<.001$; YSR: $r=.25$, $p<.001$), revenge motivation (PTSD: $r=.27$, $p<.001$; depression: $r=.33$, $p<.001$; YSR: $r=.24$, $p<.001$) and trauma-related guilt cognitions.

Female Survivors of the Rwandan Genocide: A Qualitative Analysis of Experiencing Rape, Torture & Trauma

(Abstract #173)
(Civil Ref, Disaster)

Auerbach, Carl, PhD¹; Sandole, Denise, PsyD Candidate¹; Yusim, Anna, MD¹; Torgovnik, Jonathan, BFA²

¹Yeshiva University, New York, New York, USA

²NYU Medical Center, New York, New York, USA

April 7, 2009 marks the 15th anniversary of the Rwandan genocide. An estimated 800,000 Rwandan Tutsis and moderate Hutus were tortured and killed over the course of 100 days. Rwandan women were frequently the victims of genocidal rape. In the aftermath of the destruction, many female survivors learned that they had been impregnated by their captors and/or contracted HIV/AIDS. Fifteen years later, these female survivors of the Rwandan genocide are still suffering and mostly in silence. In 2008, our NGO collaborator Foundation Rwanda conducted interviews with 40 of these female survivors. We used qualitative grounded theory methodology to analyze their narratives. Coding revealed a series of critical identity shifts over three stages which we have labeled Civilized self (pre-genocide), Survivor self

(during genocide), and Aftermath self (post-genocide), in which the experiences of the Civilized and Survivor selves co-exist but do not fit together. The survivors' narratives also indicated 5 primary issues related to their Aftermath struggle: Emotional Distress/Physical Sense of Danger, Chronic Medical Ailments, Unmet Basic Needs, Uncertain Future, and Isolation from an Indifferent World. They also expressed a need for validation through 5 interventions: Support Groups, Access to Specialized Medical Treatment, Employment Opportunities, Education for their Children, & Awareness.

Participant Alert: Brief excerpts from the Rwandan female survivors' testimonies of rape, torture, and trauma will be presented, which some participants may find disturbing.

Psychological Symptoms of Refugee Torture Survivors in Treatment at Foundation Centrum '45

(Abstract # 879)
(Civil Ref, Assess Dx)

Knipscheer, Jeroen, PhD¹; Rohlof, Hans, MD¹; Kleber, Rolf, PhD²

¹Foundation Centrum '45, Diemen, Netherlands

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

Studies of refugees seeking asylum in Western countries have showed many refugees suffer from experiences of torture, political violence and various other forms of physical abuse in addition to their migration experiences. This paper presents the results of an explorative study regarding the psychological symptoms of refugee survivors of torture treated at Foundation Centrum '45, the national expert centre in The Netherlands for treatment of complex trauma resulting of persecution, war and violence. Of the 196 refugee patients currently in care, 122 reported to have been tortured personally (e.g., drowning, suffocation, beatings on the body and head). Scores on assessment scales (e.g., Harvard Trauma Questionnaire, Hopkins Symptom Checklist- 25 and Pennebaker Inventory of Limbic Languidness) in this group were substantial. Interestingly however, our results yielded that being tortured did not influence the report of psychological symptoms. In addition, we found an interaction effect of gender and cultural background: women reported more torture experiences but not more symptoms than men, while especially men from the Middle East region reported less PTSD and depressive symptoms than men from South Eastern Europe. Implications of these findings for mental health professionals working with refugees and tortured populations will be considered.

Saturday: 3:30 p.m. - 4:45 p.m.

Benefits of Institutional Rearing in the Aftermath of Genocide: Evidence From Rwanda

(Abstract #951)
(Civil Ref, Disaster)

Neugebauer, Richard, PhD, MPH¹; Fisher, Prudence W., PhD²; Turner, J. Blake, PhD²; Yamabe, Saori, MA³; Berkman, MD⁴; Bolton, Paul, MBBS, MPH⁵; Verdeli, Helena, PhD²; Stehling-Ariza, Tash, MA⁶

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

²*Department of Psychiatry, Columbia University, NYS Psychiatric Institute*

³*Division of Epidemiology, NYS Psychiatric Institute*

⁴*Mailman School of Public Health, Columbia University, New York, New York, USA*

⁵*Johns Hopkins, Bloomberg School of Public Health, Baltimore, Maryland, USA*

⁶*Center for Disaster Preparedness, Joseph A. Mailman School of Public Health, Columbia University*

International relief organizations assume that orphanages--inhospitable environments for strong child-adult affective bonds-- are the last resort following complex emergencies. We test this assumption under conditions when surviving nuclear families are profoundly traumatized by catastrophic violence, using data from a nation-wide survey conducted a year after the 1994 Rwandan genocide. The survey (August-December 1995) measured exposure to genocidal violence and *DSM-IV* Posttraumatic Stress Disorder (PTSD) symptoms among approximately 1090 children aged 8-19, of whom half resided in orphanages, the others, with one or both parents. Respondents meeting PTSD symptom criteria were classified as having "probable" PTSD. Among children living with both parents, the "probable" PTSD rate was 46.6% and among those living with one surviving parent, 64.1%; the latter rate was markedly higher than that among orphans, 44.6% ($P < .01$), adjusting for other factors that contributed to symptom levels, i.e., level of exposure to violence, gender. These findings suggest that under conditions where the safety of civil society has been temporarily abolished and parents are themselves deeply traumatized, institutional rearing, whatever its possible longer term psychological risks, does not increase or is associated with an actual reduction in current PTSS.

Papers

Symptom Prediction

Augusta II & III - 7th Floor

Chair: Erin Marshall, BA
University of Vermont, Burlington, Vermont, USA

Predictors of PTSD Symptoms of Distress and Resilience in Adults With a History of Child Abuse

(Abstract #766)
(Clin Res, Assess Dx)

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

University of Arkansas, Fayetteville, Arkansas, USA

Research has substantiated negative long-term outcome for many adults who report childhood physical abuse (CPA) or emotional abuse (CEA) experiences, yet outcome is highly variable. The aims of this study were 1) to evaluate the relation between symptomatic distress (PTSD/Trauma, Dysphoria, Self symptoms clusters) and adaptive, resilient functioning and 2) to identify the impact of childhood (family) and adult (attachment) relationships in predicting both negative (trauma symptoms) and positive (resilient) functioning in young adults reporting childhood abuse. Respondents in both abuse groups had significantly lower levels of family of origin (FOS) and adult attachment (ECR) functioning and elevated levels of trauma (TSI) symptoms, yet no difference in resilience (RS) scores compared to nonabused respondents. In regression analyses, perceptions of family health did not predict resilience for either form of abuse. By contrast, perceptions of family health predicted 7 dimensions of symptomatic distress for those reporting physical abuse ($n=172$) and 3 dimensions for those reporting emotional abuse ($n=136$). The relation of resilience and symptomatic distress is complex. The Personal Competence dimension of resilience predicted only depression, while the Acceptance of Self and Life dimension predicted level of anxious arousal, depression, anger-irritability, and impaired self-reference in both abuse groups.

Distress Tolerance Predicts PTSD Symptoms within a Community Sample

(Abstract #130)
(Clin Res, Prev EI)

Marshall, Erin, BA¹; Vujanovic, Anka, PhD²; Bernstein, Amit PhD³; Johnson, Kirsten, BA¹; Zvolensky, Michael, PhD¹

¹*University of Vermont, Burlington, Vermont, USA*

²*Alpert Medical School of Brown University, University of Vermont, USA*

³*Department of Psychology, University of Haifa, Haifa Israel*

Recent efforts have focused on understanding the role of cognitive-affective and behavioral risk factors in the onset and maintenance of PTSD. Distress tolerance, the ability to tolerate negative emotions, may be one important factor for better understanding such risk. The current study investigated four measures of distress tolerance [Distress Tolerance Scale (DTS; Simons & Gaher, 2005); Discomfort Intolerance Scale (DIS; Schmidt, Richey, & Fitzpatrick, 2006); breath-holding duration (BH); and mirror-tracing duration (MT)] in relation to PTSD symptom severity, as measured by the Clinician-Administered

PTSD Scale (CAPS; Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995), within a community sample. Participants were 94 adults (61.7% women; Mage = 23.3, SD = 9.4) who met criteria for trauma exposure. Approximately 55.3% of the sample met criteria for current nonclinical panic attacks. A series of hierarchical multiple regressions were conducted, with number of traumas experienced entered at step 1, and DTS, DIS, BH, or MT entered at step 2, respectively. DTS was the only significant distress tolerance measure in predicting PTSD symptom severity ($t = -3.80, \beta = -.36, sr^2 = .13, p < .001$). Furthermore, when the regressions were conducted separately among those with or without current nonclinical panic attacks, DTS was only a significant predictor of PTSD symptom severity within the panic attack group ($t = -2.32, \beta = -.30, sr^2 = .09, p < .05$). Theoretically-relevant clinical implications and future directions will be discussed.

Long-Term Emotional Distress and Perceptions of Functioning in Trauma Intensive Care Unit Survivors

(Abstract #112)
(Bio Med, Clin Res)

Nightingale, Vienna, PhD²; Anderson, Venice, MA, CPA¹; Jackson, James, PsyD¹; Song, Yanna, MS¹

¹Vanderbilt University Medical Center, Nashville, Tennessee, USA
²Illinois Institute of Technology, Chicago, Illinois, USA

Research has shown that psychiatric difficulties are common and persistent in trauma intensive care unit survivors (TICU). Indeed, significant symptoms occurs in as many as 1 of 2 survivors a year after discharge. While relatively mild in some instances, severe expressions of depression are often present, affecting over 20% of patients. We studied psychological outcomes in 58 TICU survivors, (male=67%, Caucasian=88%, mean age=45), 1-2 years post-discharge with the Beck Depression Inventory, the Beck Anxiety Inventory, and the Awareness Questionnaire (to assess perceptions of physical, mental, and social functioning relative to premorbid functioning). Analyses determined demographic and health variables, including severity of injury, were not related to AQ. Multiple regression analysis found emotional distress accounted for 62% of the variance in perceptions of functioning ($F(2, 51)=41.52, p<.0001$). Further 35% had significant distress with scores greater than 12 on the BDI. Although research looking at awareness of functioning in relation to emotional distress is in its infancy, researchers have been aware of the powerful relationship between the mind and body. We will discuss our findings and contributions and discuss implications for the development of follow-up interventions that address the impact of distress on functioning.

Papers

Internalizing/Externalizing and PTSD

Roswell - 8th Floor

Chair: Denise Lash, PhD

Department of Veteran Affairs, Albuquerque, New Mexico, USA

Differential Pathways to PTSD: The Phenotypic and Genetic Structure of Psychiatric Comorbidity

(Abstract #1032)
(Bio Med, Res Meth)

Wolf, Erika, MA¹; Miller, Mark, PhD²; Koenen, Karestan, PhD³

¹Boston University, Boston, Massachusetts, USA

²National Center for PTSD, Boston, Massachusetts, USA

³Harvard School of Public Health, Boston, Massachusetts, USA

This study used twin data from the Vietnam Era Twin Registry to examine the structure of PTSD and psychiatric comorbidity and to model genetic and environmental pathways to PTSD and other psychopathology. Analyses were based on 3,372 male-male twin pairs who served in the military during the Vietnam era. Structural equation modeling was used to: (a) model latent internalizing and externalizing comorbidity factors underlying lifetime diagnoses of PTSD, major depression, dysthymia, generalized anxiety disorder, panic disorder, antisocial personality disorder and substance-use disorders and to (b) examine the heritability of these latent comorbidity factors. Analyses revealed that the best fitting model for the latent structure of comorbidity was one in which PTSD cross-loaded on both internalizing and externalizing latent factors. Biometric analyses revealed that the genetic structure of comorbidity was similar to its phenotypic one, with largely separate genetic risk factors for internalizing versus externalizing disorders. Liability to PTSD was influenced by both internalizing and externalizing genetic factors, suggesting multiple pathways to the disorder. Implications of these findings for the conceptualization of PTSD as purely an anxiety disorder will be discussed.

The Fit of PTSD and Its Subfactors in a Dimensional Model of Psychopathology Among Adolescents

(Abstract #1052)
(Assess Dx, Child)

Schulz-Heik, Jay R., MA^{1,2}; Young, Susan, PhD¹; Stallings, Michael, PhD¹; Corley, Robin, PhD¹; Hewitt, John, PhD¹

¹University of Colorado, Boulder, Colorado, USA

²VA Palo Alto Healthcare System, Palo, Alto, California, USA

Factor analyses of common psychiatric disorders in adults have indicated a two factor structure (i.e., internalizing and externalizing disorders), but less is known about the structure of DSM-IV psychopathology in adolescents. Evidence suggests that posttraumatic stress disorder (PTSD) is an internalizing disorder; however, it is a multifactorial disorder, with possible heterogeneity in its subfactors' loadings on the latent internalizing and externalizing factors. We addressed these questions by conducting factor analyses of eight common DSM-IV psychiatric disorders and four subfactors of PTSD in a community-based sample of 3,867 adolescents in Colorado. A

Saturday: 3:30 p.m. - 4:45 p.m.

two factor internalizing-externalizing model was supported, with PTSD significantly loading on the internalizing factor. There was variance in the magnitude of subfactors' loadings, though each subfactor loaded more strongly on the internalizing than the externalizing latent factor. Results suggest that the processes involved in the etiology, prevention, and treatment of PTSD may be shared with that of other internalizing disorders.

Predicting Simple PTSD and Internalizing and Externalizing Subtypes in a Sample of Female Veterans

[Abstract #759]

[Assess Dx, Practice]

Lash, Denise, PhD³; Montgomery, Catherine, PhD¹; Castillo, Diane, PhD²

¹*Behavioral Health Care System (116), New Mexico VA Health Care, Albuquerque, New Mexico, USA*

²*Albuquerque VA Medical Center, Albuquerque, New Mexico, USA*

³*Department of Veterans Affairs, Albuquerque, New Mexico, USA*

The psychopathology underlying PTSD symptoms has been conceptualized into simple, internalizing, and externalizing subtypes (Miller, Grief, & Smith, 2003). Research on these subtypes has examined male combat veterans (Miller, Kaloupek, Dillion, & Keane, 2004) and female civilian rape victims (Miller & Resick, 2007), yet little data is published on these subtypes in female veterans with PTSD. The present study will examine this typology in a sample of females receiving treatment at the Women's Stress Disorder Treatment Team at the NMVAHCS. Specifically, it will examine the internalizing and externalizing subtypes in relation to trauma specifics (number of traumas, type of trauma, and age of trauma) and to the MMPI Restructured Clinical Scales (RCs). Preliminary analyses exploring the relationship between the PTSD subtypes and trauma specifics indicate that adult-only trauma is negatively correlated with the externalizing subtype. In addition, the externalizing subtype is positively associated with having both childhood and adult trauma. The current study replicated past findings that externalizers showed elevations on RC3 Cynicism, RC4 Antisocial Behavior, and RC9 Hypomanic activation scales while internalizers reported elevations on RCd Demoralization, RC2 Low Positive Emotion, and RC7 Dysfunctional Negative Emotion scales (see Wolf et al., 2008). Implications for PTSD conceptualization will be discussed.

Workshop

Taking Control: An Experiential Introduction to an Intervention to Help Empower Youth in Foster Care

[Abstract #958]

Workshop (Child, Clin Res)

International G - 6th Floor

Sunday, Suzanne, PhD; Habib, Mandy, PsyD

North Shore University Hospital, Manhasset, New York, USA

This workshop will provide an introduction to Taking Control, a six-session skills-based group intervention designed to empower youth in foster care, aged 12 to 18 years. It is based on SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress—DeRosa et al., 2005), an evidence-informed 16-session psychotherapeutic intervention for chronically traumatized adolescents; both of these interventions were developed by our National Child Traumatic Stress Network treatment development team. Taking Control aims to increase self-awareness, strengthen relationships, and enhance behavioral and emotional self-regulatory skills as well as short-term coping and long-term problem-solving skills. The curriculum also provides psycho-education on mental health and on the effects of stress and trauma. The group is co-facilitated by a young adult foster care alumnus and an agency worker experienced in working with foster care youth, a model which has been successful in engaging youth in group. This interactive workshop will include an overview of the curriculum as well as an opportunity to practice some of the core skills of the treatment (e.g. Mindfulness and problem solving). Time will be allocated for questions and discussion regarding the application of particular skills in different settings as well as treatment adoption and implementation at participants' agencies.