

## Session 3: Saturday, November 7 Atlanta Ballroom

### Poster Organization

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

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

### Session 3: Saturday, November 7 Atlanta Ballroom, 7th Floor

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

### Poster Dismantle

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

## Poster Presentations – Session 3 Saturday, November 7 5:00 p.m. – 6:00 p.m.

### Accurate Diagnosis and Criterion A Events for Co-Morbid PTSD & Traumatic Brain Injury (TBI)

(Abstract # 945)

**Poster # S-100** (Assess Dx, Clin Res)

**Atlanta Ballroom**

Larsen, Debra, PhD

*Idaho State University, Pocatello, Idaho, USA*

This study closely examines Criterion A exposure and PTSD symptoms in order to carefully establish the PTSD diagnostic etiology. Twenty-five individuals with a history of traumatic brain injury were recruited from the general public (9 males and 16 females). Participants completed a one-time interview appointment (approximately 2 hours) which included self-report questionnaires and a structured interview including the following: Stressful Live Experience Screen (SLES; Stamm & Rudolph, 1996), the PTSD Symptom Checklist –Civilian Version (PCL-C; Blanchard, Jones-Alexander, Buckley, Forneris, 1996) and the Clinician Administered PTSD Scale (CAPS; Blake et al., 1995). Participants' reported symptoms indicate that 52% of respondents experiences met criteria for lifetime PTSD with non-TBI trauma experiences as the target. Only 8% met PTSD criteria when the target event specified during the CAPS was the head injury event. A total of 68% of respondents experienced at least subsyndromal PTSD (two of criterion B, C or D met but not three) over the course of their lifetime. Post- head injury reports of Criterion A1 exposure categories were significantly higher than general population rates, with an average of 5.97 (SD=2.53) categories endorsed as occurring after the head injury,  $t(24)=5.97, p=.000$ . The frequency of Criterion A events is reviewed.

### Feelings of Betrayal by the United Nations High Commissioner for Refugees (UNHCR) and Emotionally Distressed Sudanese Refugees in Cairo

(Abstract # 1109)

**Poster # S-101** (Missing Keywords)

**Atlanta Ballroom**

Meffert, Susan, MD<sup>2</sup>; Marmar, Charles, MD<sup>1</sup>; Metzler, Thomas, MA<sup>3</sup>

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<sup>3</sup>San Francisco VA Medical Center, San Carlos, California, USA

Sudanese refugees who fled to Cairo, Egypt in the wake of Sudanese civil conflicts (the North-South, as well as the more recent conflict in Darfur) were evaluated with respect to symptoms of depression, PTSD and social stress. Twenty-two percent of respondents indicated that their interactions with the United Nations High Commission for Refugees (UNHCR) in Cairo, Egypt were the worst experiences since war-related atrocities. Seventy-four percent felt betrayed by the UNHCR either "quite a bit" or "extremely." Greater feelings of betrayal by the UNHCR

were associated with greater arousal and avoidance symptoms of Posttraumatic Stress Disorder (PTSD), depression symptoms and trait anger.

### Complexity of Interpersonal Trauma and Posttraumatic Relational Syndrome (PTRS)

(Abstract # 822)

**Poster # S-102 (Practice, Assess Dx) Atlanta Ballroom**

Pusateri, Toni, MD<sup>1</sup>; Katz, Lori, PhD<sup>2</sup>; Novac, Andrei, MD<sup>1</sup>

<sup>1</sup>UCI Medical Center, Orange, California, USA

<sup>2</sup>VA Long Beach Healthcare Systems, Long Beach, California, USA

The majority of interpersonal trauma (e.g., rape, incest, domestic violence, sexual harassment, childhood emotional or physical abuse) is perpetrated by people known to the victim. Typically prior to trauma, victims were led to believe they were safe, loved and cared for and then are betrayed. Not only do they need to re-negotiate the relationship with the perpetrator (e.g., relatives, bosses, co-workers, friends, romantic partners) but also with all of those connected to the perpetrator (e.g., other family members, co-workers, or mutual friends of the perpetrator). The network of relationships may deny, minimize, or blame the victim leading to further betrayal, loss of love, self-esteem, and/or safety. Victims receive mixed messages of love and safety intertwined with abuse and invalidation. This may ultimately lead to alterations of self-concept founded on self-blame, shame, feeling alone, alienated, and unloved. Repetition-compulsion reinforces these negative self-perceptions and worldviews. Unlike patients with complex PTSD, those afflicted by PTRS exhibit impairment and dysfunction predominantly in the areas of intimate and interpersonal relationships, while other areas of functioning are relatively well preserved. The identification and treatment of PTRS interrupts negative interpersonal patterns and improves self-concept, relationships, and intimacy.

### A Qualitative Study of Trauma Outcomes Among Acehese Tsunami Survivors

(Abstract # 1034)

**Poster # S-103 (Disaster, Cul Div) Atlanta Ballroom**

Kaur, Amrit, MS; Koch, Ellen, PhD; Freedman-Doan, Carol, PhD

Eastern Michigan University, Ypsilanti, Michigan, USA

Qualitative methods were used to understand trauma from an indigenous perspective and to assess the validity of the *DSM-IV* (APA, 2000) diagnosis of post-traumatic stress disorder (PTSD) in a remote Asian location. Twelve individuals were extensively interviewed about their mental health in the Indonesian province of Aceh three years after it suffered from the 2004 tsunami. Contrary to our expectations, the participants reported significant numbers of almost all of the *DSM-IV* symptoms of PTSD. Although the expressions of illness symptoms were colored by the local language and customs, the participants reported few symptoms that could be seen as unique to this culture. These findings suggest that the Western-developed *DSM-IV* symptomatology may be largely valid in this culture. However, the relationship between the number of PTSD symptoms and their self-reported distress, as measured by a pictorial scale, was only slightly positive. This raises suspicion about the significance placed on these symptoms. Nevertheless, the stronger correspondence between PTSD symptoms, functioning and economic distress is a clear indication that the symptoms have a

real and profound effect. Indigenous coping mechanisms based on post-traumatic growth were reported, and recommendations are made on how these can be translated into viable treatment options in understudied populations.

### Substance Use Disorder History Moderates the Relationship Between Avoidance Coping and PTSD Symptoms

(Abstract # 910)

**Poster # S-104 (Assess Dx, Prev El) Atlanta Ballroom**

Hruska, Bryce, BA<sup>1</sup>; Sledjeski, Eve, PhD<sup>2</sup>; Fallon, William, MD, MBA<sup>3</sup>; Sponster, Eileen<sup>3</sup>; Delahanty, Douglas, PhD<sup>1</sup>

<sup>1</sup>Kent State University, Kent, Ohio, USA

<sup>2</sup>Wesleyan University, Middletown, Connecticut, USA

<sup>3</sup>Summa Health System, Akron, Ohio, USA

Posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) commonly co-occur. However, the nature of this comorbidity is only beginning to be explored. Avoidance coping has been associated with both SUDs and PTSD, and may represent a common factor linking the two disorders. In this study, the relationship between avoidance coping and PTSD symptoms among individuals with versus without SUDs was examined. Intoxicated motor vehicle accident survivors admitted to a level 1 trauma center were assessed 6-weeks post accident for diagnoses of alcohol abuse/dependence using the SCID, avoidance coping (self-distraction, denial, behavioral disengagement) as assessed by the Brief Cope, and PTSD symptoms using the CAPs. After controlling for general psychiatric distress, a significant interaction between SUD diagnosis and avoidance coping indicated that the relationship between avoidance and PTSD was stronger for those MVA survivors with either a current or past diagnosis of alcohol abuse/dependence ( $p < 0.01$ ). Furthermore, those with SUD history demonstrated greater levels of global, hyperarousal, and avoidance PTSD symptoms ( $ps < 0.05$ ). These results suggest that reliance on avoidance coping is strongly associated with PTSD symptoms among those with SUD history. Early screening for SUD history may aid detection of those at elevated risk for PTSD.

### Imagery Rescripting Treatment in Two Vietnam Veterans With Trauma-Related Nightmares

(Abstract # 977)

**Poster # S-105 (Clin Res) Atlanta Ballroom**

Wanner, Jill, MA; Long, Mary, PhD; Teng, Ellen, PhD

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

This case study presents on a variant of imagery rehearsal therapy (IRT) utilized to treat posttraumatic nightmares (PTNM) in two Vietnam Veterans. Variants of IRT are promising for the reduction of the severity and frequency of trauma-related nightmares, PTSD symptoms, depression, and improving sleep quality, based on several randomized clinical trials in the civilian population. To date, few attempts have been made to assess the impact of variants of IRT on the veteran population despite the reported prevalence rates of PTNM in the Vietnam Veteran population ranging from 53-88%. The two cases presented in this poster represent the initial investigation of a variant of IRT that teaches sleep hygiene and emphasizes both exposure to

the original nightmare content and imagery rescripting with Vietnam Veterans in an individual treatment format. Both veterans reported a decrease in PTSD and depression symptoms, reduction in number of nightmares per week, and increase in sleep quality at post-treatment assessment and 3 month follow-up. Complete data is reported, the limitations and implications of the study are addressed.

### **Categorical vs. Dimensional Definition of IPV: Prevalence and Risk Factors, BRFSS 2006**

[Abstract # 1016]

**Poster # S-106** (Practice, Assess Dx)

**Atlanta Ballroom**

**Olson, Nancy, MSN APRN**

*Columbia University SON, New Haven, Connecticut, USA*

Recently an optional intimate partner violence (IPV) module was added to the Behavioral Risk Factor Surveillance System (BRFSS). The purpose of this study was to identify IPV prevalence and its associated factors using data from 7 states that included BRFSS IPV module in 2006. We categorized IPV responses into four groups: verbal threat (VT), physical (P-IPV), sexual (S-IPV), and combined physical/sexual (PS-IPV). Data were analyzed using SAS 9.1.3 incorporating survey sampling weights to provide state population estimates. Data analyses included descriptive statistics, bivariate comparisons and multivariate regression models. Of 32,627 respondents, 17.6% reported lifetime IPV; of these, 4% occurred within the past year. Respondents reporting lifetime IPV were more likely to be female (OR 1.3-5.8 across groups), multiracial (OR 1.4-1.6), divorced/separated (OR 1.4-2.4). IPV victims were more likely to report smoking (OR 1.3-1.7), binge drinking (OR 1.3-1.5), lacking emotional support (OR 1.4-1.6), poor life satisfaction (OR 1.7-2.2) and diagnosis of anxiety (OR 1.3-1.6) and depression (OR 1.5-2.2). Intimate partner violence (IPV) has serious and persisting behavioral and psychosocial consequences. Ongoing state level data can help health professionals and policymakers to better understand the IPV experience and inform efforts to prevent this pervasive public health problem.

### **How Post-Traumatic Symptoms Affect the Quality of Life of Burn Victims**

[Abstract # 1008]

**Poster # S-107** (Clin Res, Assess Dx)

**Atlanta Ballroom**

**Mylene, Robert, B.Sc.<sup>2</sup>; St-Hilaire, Marie, Helene, MD; Silva, Cidalia, PhD(c)<sup>2</sup>; Bergeron, Nicolas, MD<sup>1</sup>**

<sup>1</sup>University of Montréal, Montréal, Québec, Canada

<sup>2</sup>CHUM (Hotel-Dieu), Montréal, Québec, Canada

During last decades, medical advancements made possible to save almost all burn victims. Consequently, concerns of the specialists now turn towards the post-burn psychological adaptation. The long physical readaptation can negatively affect the quality of life (QOL) of the patients. It seems however plausible that their level of QOL could also be modulated by the intensity of the PTSD symptoms. This research tries to establish the existence of an inverse relation between the frequency and the severity of the PTSD symptoms and the health-related QOL among burn victims. Thirty participants recruited at the Montréal Burn Center were evaluated using self-administrated

questionnaires (EMST, SF-36, AUDIT, DUDIT, BDI-II) and a semi-structured clinical interview (SCID-I). Questionnaires were administrated at 1, 3, 6 and 12 months after the incident, whereas the diagnostic interviews took place at 3 and 12 months. These data permits a description of the psychosocial impact of the burns and to verify the research question using the French versions of the MPSS and the SF-36. Preliminary analysis conducted with measurements up to 6 months indicates a strong negative correlation between SF-36 and MPSS, supporting our hypothesis. Further analysis will be performed with the larger sample up to a year and controlling for other variables (ex: burns severity, premorbid mental status).

### **PTSD Symptoms Moderate Associations Between Past IPV and Physical Health Status in Midlife Women**

[Abstract # 911]

**Poster # S-108** (Bio Med, Practice)

**Atlanta Ballroom**

**Allison, Kristen; Fleming, Kimberly, BA; Newton, Tamara, PhD; Fernandez-Botran, Rafael, PhD; Miller, James, PhD; Ellison, Burns, Vicki, PhD**

*University of Louisville, Louisville, Kentucky, USA*

Intimate partner violence (IPV) and posttraumatic stress disorder (PTSD) have been independently related to poor physical health. Focusing on midlife women, the present study tested the hypothesis that severe PTSD symptoms will amplify associations between IPV chronicity and poorer health. Two groups of community women participated; all were previously divorced, postmenopausal, and not in currently violent relationships. One group (n=43) reported at least one age-related chronic medical condition; the other (n=67) was apparently healthy based on self-report and a routine blood panel. Groups did not differ in age or rates of past IPV. The Revised Conflict Tactics Scale (CTS) assessed chronicity of past IPV. The PTSD Checklist (PCL) assessed past-month PTSD symptom severity. Logistic regression predicted group membership from CTS subscale scores, the total PCL score, and their product terms. At high levels of PTSD symptom severity, chronicity of IPV-related physical injury was associated with elevated odds of having a medical condition (OR=1.12, 95% CI 1.01 to 1.25). Therefore, the likelihood of having a medical condition at midlife increases by 12% for each 1-unit increase on the chronicity of IPV-related injury subscale, and increases eightfold for each 18-unit increase, a level of chronic injury reported by acutely battered women.

### **Childhood Trauma and Intimate Partner Violence: Does Adult Attachment Matter?**

[Abstract # 882]

**Poster # S-109** (Soc Ethic, Clin Res)

**Atlanta Ballroom**

**Majors, Rebekah, BS<sup>2</sup>; Gradus, Jaimie, MPH<sup>1</sup>; Monson, Candice, PhD<sup>1</sup>**

<sup>1</sup>Boston VA Medical Center/National Center for PTSD, Boston, Massachusetts, USA

<sup>2</sup>Catholic University of America, Baltimore, Maryland, USA

Dating violence is a significant social concern, with prevalence rates of 10-66%. Examining this issue is critical to advancing the understanding of this phenomenon as well as developing interventions. Witnessing parental conflict and experiencing childhood trauma are associated with perpetrating intimate

partner violence; however, all those who have been exposed to violence do not perpetrate violence. Attachment theory provides a framework for understanding the pathway between childhood experiences of relational violence and perpetrating violence. It is likely that the manner in which individuals cope with childhood trauma influences how they cope with distress in adult romantic relationships. Further, there are robust findings supporting a relationship between childhood trauma and insecure attachment as well as between insecure attachment and relationship violence. The current study examined associations between witnessing parental violence, experiencing childhood trauma, adult attachment, and dating violence. Using a sample of 265 dating individuals surveyed at a large Midwestern university, we tested the following hypotheses: 1) witnessing violence, experiencing childhood trauma and insecure attachment will be associated with dating violence perpetration; 2) insecure attachment will moderate the relationship between negative childhood experiences and dating violence.

### Situational and Developmental Risk Factors for PTSD in Children Exposed to Intimate Partner Violence

(Abstract # 919)

**Poster # S-110** (Child, Assess Dx) **Atlanta Ballroom**

**Watson, Aran; Samuelson, Kristin W., PhD<sup>1</sup>; Wilson, Christina, MA<sup>2</sup>; Burnett, Christiane, MA<sup>1</sup>**

<sup>1</sup>Alliant International University, San Francisco, California, USA

<sup>2</sup>California School of Professional Psychology, Alliant International University, San Francisco, California, USA

This study aims to identify situational risk factors in a child's development of PTSD in the context of witnessing intimate partner violence (IPV). Furthermore, by comparing siblings with the same trauma, the purpose of our analyses was to assess the influence of shared environmental and genetic factors, as well as individual developmental and environmental factors, on children's response to trauma. Twenty pairs of siblings who witnessed the same IPV were assessed for PTSD using the Clinician Administered PTSD Scale (CAPS). First, and intraclass coefficient was conducted to determine whether one sibling's CAPS score was significantly related to his or her sibling's score, and results were not significant. Further bivariate correlations analyses revealed that age of onset and current age were related to PTSD symptom severity ( $r = .183, p = .012$ ); children who were older at the time of witnessing IPV and at report were more likely to exhibit PTSD symptoms than younger children. Linear regression analysis determined age was significant over and above duration of IPV. A correlation between children's CAPS scores and previous Criterion A traumas in the sample also revealed trend towards significance. These results highlight developmental and situational risk factors related to PTSD symptomatology.

### Threat of Financial Resource Loss and Long-Term Trauma Outcomes

(Abstract # 874)

**Poster # S-111** (Clin Res, Prev EI) **Atlanta Ballroom**

**Karst, Jeffrey, BA<sup>2</sup>; Abbott, Elizabeth Emily, MS<sup>1</sup>; Valvano, Abbey Katherine, MS<sup>2</sup>; deRoon-Cassini, Terri, PhD<sup>1</sup>**

<sup>1</sup>Medical College of Wisconsin, Milwaukee, Wisconsin, USA

<sup>2</sup>Marquette University, Milwaukee, Wisconsin, USA

Conservation of Resources Theory suggests that resource loss is an important factor in predicting PTSD, PTSD symptom cluster distress, depression and long-term distress. In-person and phone interviews were conducted in a longitudinal study with acute trauma survivors to determine relationships among these variables. Relationships were examined between PTSD symptom clusters at Time 1 (T1; within a week post-trauma), T1 level of distress, T1 threat of financial resource loss (TFRL), Time 2 (T2: six weeks post-trauma) symptom clusters, and T2 levels of PTSD distress and depression. Results showed that T1 TFRL was significantly correlated with T1 avoidance symptoms ( $r = .410, p < .01$ ) but not with other T1 PTSD symptom clusters (re-experiencing and hyperarousal). However, T1 TFRL was significantly correlated with T2 hyperarousal ( $r = .459, p < .05$ ) but not with T2 avoidance or re-experiencing. T1 TFRL was not significantly correlated with T1 PTSD distress but was significantly correlated with PTSD T2 distress ( $r = .512, p < .05$ ). T1 avoidance was also correlated with T2 PTSD distress ( $r = .513, p < .05$ ) and T2 depression ( $r = .445, p < .05$ ). Multiple regression analyses demonstrated that T1 TFRL ( $\beta = .36$ ) and avoidance ( $\beta = .37$ ) significantly predicted T2 PTSD, while only T1 avoidance ( $\beta = .37$ ) predicted T1 PTSD. Findings further our understanding of risk factors for post-trauma distress.

### Examining Ethnic Differences in Exposure to Traumatic Stressors Among Sri Lankan School Children

(Abstract # 1082)

**Poster # S-112** (Child, Disaster) **Atlanta Ballroom**

**Fernando, Gauthri, PhD<sup>1</sup>; Hannah, Amber<sup>3</sup>; Laurin, Deborah, BFA<sup>1</sup>; Garcia, Janet, BA<sup>1</sup>; Gordon, Geoffrey, BA<sup>2</sup>**

<sup>1</sup>California State University, Los Angeles, Los Angeles, California, USA

<sup>2</sup>Pomona College, Claremont, California, USA

Researchers studying traumatic stressors experienced by children in developing countries focus on mass disasters such as the tsunami and war. Yet proximal stressors may be more salient to children, and amenable to intervention and policy change. Additionally, minority status may be associated with greater likelihood of exposure to traumatic stressors. This study assessed whether exposure to traumatic stressors differed by ethnicity, gender, and age in an area of Sri Lanka impacted by an armed conflict and the tsunami. Sinhalese (33%: the majority group), Tamil (17%: 15% of the population), and Muslim (21%: 7% of the population) youth 11 to 20 years old (mean age = 14.4,  $sd = 1.9$ ) completed a survey assessing exposure to death of a loved one, abuse, the tsunami, and the armed conflict. Results revealed different patterns of exposure by ethnic group for each traumatic stressor of death of a loved one,  $F(2, 698) = 117.7, p < .001$ , abuse,  $F(2, 698) = 8.367, p < .001$ , war,  $F(2, 699) = 21.382, p < .001$ , and the tsunami,  $F(2, 699) = 197, p < .001$ . Age and gender did not predict such exposure. Overall, Sinhala youth reported

the least exposure, whereas Tamil and Muslim youth reported greater exposure to traumatic stressors. The results suggest that minority youth may be at higher risk for exposure to both disaster-related and more proximal stressors that affect all areas of functioning.

### Are VA Psychologists Using Evidence Based Therapies for PTSD?

(Abstract # 1022)

**Poster # S-113 (Practice)** Atlanta Ballroom

**Wilkinson, Charity, PsyD; Vandergriff, Jennifer, PhD; Mullins-Nelson, Jana, MA; Fortenberry, Katherine, MS; Thompson, Karin, PhD**

*Memphis VA Medical Center, Memphis, Tennessee, USA*

The availability of Evidence Based Treatments (EBTs) and dissemination of such therapies in the VA system has been an increasing focus of attention for trauma based mental health providers. This study examines the use of EBT's by VA psychology providers for veterans with PTSD diagnoses. A survey was created and will be available to VA psychology providers throughout the United States in online format. Survey respondents consist of VA psychology providers who will be asked anonymously to self-report information about their relevant training experiences in and use of therapies for PTSD (e.g., CPT, PE, Seeking Safety, ACT, and other therapies.) Respondents also provide information regarding their level of adherence to the appropriate therapy manuals. The survey examines beliefs about the effectiveness of treating veterans who have co-morbid diagnoses of substance abuse and PTSD and self-reported information regarding the frequency of providing services to dually diagnosed veterans. Differences in reported types of therapy utilized based on gender and etiology of PTSD symptoms (combat, military sexual assault or other trauma) will be examined. Additionally, information will be provided concerning psychologists' self-reported beliefs in the efficacy of therapies used to improve PTSD symptoms.

### Coping With Violent Loss: Differential Methods Associated With PTSD and Complicated Grief

(Abstract # 1061)

**Poster # S-114 (Assess Dx, Practice)** Atlanta Ballroom

**Fields, Jordan; Ippolito, Maria, BA; McDevitt-Murphy, Meghan, PhD; Neimeyer, Robert, PhD; Burke, Laurie, BA; Williams, Joah, BA**

*University of Memphis, Memphis, Tennessee, USA*

Coping is fundamental to understanding the impact of stress; choice of coping strategy can buffer or exacerbate the impact of life events (Solomon et al., 1988). Research has shown that coping skills are related to the development and maintenance of psychological disorders like posttraumatic stress disorder (PTSD) and complicated grief (CG) (Sharkansky et al., 2000; Schneider et al., 2007). The proposed investigation evaluates how coping style differentially predicts PTSD and CG. This study examined psychopathology in a sample of 62 homicide survivors from the Memphis area. The sample was largely African-American (93.5%) and female (88.7%). PTSD was assessed with the PTSD Check List (PCL; Weathers et al., 1993), CG was assessed with the Inventory of Complicated Grief - Revised (ICG-R; Prigerson

et al., 1995), and coping was assessed with the Brief Cope (Carver 1997). ICG-R scores were significantly related to Problem Focused Coping,  $r = .32$ ,  $p < .05$  and Avoidant Emotional Coping,  $r = .71$ ,  $p < .01$ . PCL scores were also significantly related to Problem Focused Coping,  $r = .40$ ,  $p < .01$  as well as Avoidant Emotional Coping,  $r = .69$ ,  $p < .01$ . Three subscales were related to either ICG-R or PCL scores. The PCL was related to Self-Distraction,  $r = .34$ ,  $p < .01$  while the ICG-R was correlated with Venting,  $r = .28$ ,  $p < .05$  and negatively correlated with Acceptance,  $r = -.31$ ,  $p < .05$ .

### Symptomology as a Function of Trauma Type

(Abstract # 1056)

**Poster # S-115 (Child, Assess Dx)** Atlanta Ballroom

**Bishop, Nicholas, Undergraduate<sup>1</sup>; Louis, Danielle, Undergraduate<sup>1</sup>; Falki, Marielle, MA<sup>2</sup>; Schacht, Megan, PhD<sup>2</sup>**

<sup>1</sup>*Child Advocacy Services, St. Louis, Missouri, USA*

<sup>2</sup>*University of Missouri, St. Louis, Missouri, USA*

Many studies have investigated individuals who have experienced multiple traumas. However our study will examine multiple traumas, multiple traumas that occur in a safe community, and multiple traumas where sexual abuse is not present (i.e. in a safe home environment). We hypothesize that because of difference in environmental danger, the symptomology of each trauma type will have a statistically significant difference in the internalized symptoms (depression and anxiety) and externalized symptoms (anger) in children who have experienced a variety of complex traumas. Seventy-Five participants' archived data between the ages of three and 12 will be analyzed using one-way ANOVAs. The measures used to assess the distress of the children will be the Trauma Symptom Checklist for Young Children (TSCYC). All data was collected as part of ongoing trauma treatment services provided by the Children's Advocacy Center of Greater St. Louis. We anticipate that our findings will have implications in helping to indicate the need for more aggressive treatments for certain trauma types as well as implications for the assessment of children who have experienced trauma.

### Post-Traumatic Growth in Australian News Workers

(Abstract # 929)

**Poster # S-116 (Media Ed, Clin Res)** Atlanta Ballroom

**McMahon, Cait, PhD Candidate**

*Swinburne University, Hawthorn, Australia*

To date there are a handful of clinical studies indicating that journalists and other news professionals experience negative psychological effects from covering potentially traumatic news stories. However, post traumatic growth amongst news gatherers has not been explored. Preliminary findings from an Australian study present both positive and negative effects of work related trauma exposure for journalists and other media personnel. Using quantitative data from a sample of 115 media professionals and 15 in-depth interviews, evidence is presented showing that journalists experienced negative effects such as depression, PTSD, anxiety and general stress when exposed to potentially traumatic events; however those with elevated levels of PTSD also experienced salutary effects as measured by the Posttraumatic Growth Inventory. The in-depth interviews classified the trauma narratives using a Grounded

Theory approach. The narratives highlighted the integration of meaning for those experiencing both posttraumatic stress and posttraumatic growth outcomes. The quantitative study found that there was no relationship with optimism, a common attribute used to argue that posttraumatic growth is illusory in nature. Posttraumatic growth is embedded in the salutogenic paradigm which acknowledges that there are both adverse and beneficial adaptive responses to the post trauma experience.

### Impact of Childhood Trauma Exposure and Current Posttraumatic Distress on Parenting Stress

(Abstract # 967)

**Poster # S-117 (Child, Practice) Atlanta Ballroom**

**Shin, Hana, MA<sup>2</sup>; Ross, Leslie, PsyD<sup>1</sup>; Yeh, Dow-ann, BA<sup>1</sup>; Alvarado, David, BA<sup>1</sup>; Fraynt, Rebecca, MA<sup>3</sup>**

<sup>1</sup>Children's Institute Inc, Los Angeles, California, USA

<sup>2</sup>Fuller Grad School of Psychology, Pasadena, California, USA

<sup>3</sup>University of California, Los Angeles, California, USA

Studies have shown that parenting stress can exacerbate psychological distress. However, research has yet to explore the other direction, whether a parent's own history of trauma exposure and current level of posttraumatic stress (PTS) impact current parenting stress levels. This study examined the effects of childhood exposure to physical abuse, sexual abuse, and community violence, and current PTS on parenting stress. Participants included 159 mothers of children receiving trauma-informed treatment at an urban community mental health center. Results found that childhood physical abuse, but not sexual abuse or community violence, directly predicted parenting distress ( $b = .71$ ,  $t(156) = 2.49$ ,  $p < .05$ ). When current PTS was included in the model, physical abuse no longer was significant, and PTS symptom severity significantly predicted parenting distress ( $b = .23$ ,  $t(155) = 4.88$ ,  $p < .01$ ). Sobel tests confirmed that current PTS mediates the relationship between childhood physical abuse and current parenting stress ( $p < .01$ ). Results suggest that a history of childhood physical abuse can affect the level of current parenting stress in the presence of current PTS symptoms. The impact of trauma and importance of treatment of parents' PTS symptoms are discussed to address parenting issues for the benefit of both mother and child.

### Trauma, Intrusive Fears for Family and Anger Attacks in Mandaean Refugees

(Abstract # 836)

**Poster # S-118 (Civil Ref, Cul Div) Atlanta Ballroom**

**Nickerson, Angela, BA (Hons); Bryant, Richard, PhD**

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

Although persecution and injustice are central features of the refugee experience, little research attention has been devoted to exploring the phenomenon of anger in refugees. The current study examined anger attacks amongst 315 Mandaean refugees living in Sydney. The Mandaeans have been subjected to centuries of persecution in Iraq and Iran. Results indicated that intrusive fears for family remaining in Iraq predicted the occurrence of anger attacks over and above the contribution of posttraumatic stress. In contrast, current living difficulties did not independently predict anger attacks. The conceptualisation of anger and injustice in the Mandaean culture will be explored in terms of the

current situation faced by this group. These findings highlight the importance of considering the role of ongoing threat and cultural context in refugee mental health.

### Ethnic Differences Among Combat Veterans Seeking Compensation or Treatment for PTSD

(Abstract # 992)

**Poster # S-119 (Cul Div) Atlanta Ballroom**

**Walton, Jessica, MS<sup>1</sup>; Franklin, Laurel, PhD<sup>2</sup>**

<sup>1</sup>IIT, Chicago, Illinois, USA

<sup>2</sup>Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

This study investigated ethnic differences on Minnesota Multiphasic Personality Inventory – 2 (MMPI-2) profiles among fifty-one African American and fifty-four European American combat veterans from multiple theaters who were seeking compensation or treatment for Posttraumatic Stress Disorder (PTSD) at a VA outpatient clinic. All veterans in the sample were diagnosed with PTSD. Profile differences on MMPI-2 validity, clinical and supplemental scales were explored. Significant differences between ethnic groups were found. Results are discussed in light of past research with the MMPI-2 and PTSD-diagnosed patients. Future directions are outlined. Research in this area is important for the development and utilization of individualized treatment for combat veterans diagnosed with PTSD.

### Sequelae of Child Sexual Abuse in College Women: A Focus on Affective and Interpersonal Regulation

(Abstract # 768)

**Poster # S-120 (Practice, Assess Dx) Atlanta Ballroom**

**Volz, Angela, MA; Walker, Dave, MA; Zerubavel, Noga, BA; Coates, Aubrey, MA; Messman-Moore, Terri, PhD**

Miami University of Ohio, Oxford, Ohio, USA

Some child sexual abuse (CSA) survivors may not meet diagnostic criteria for PTSD, but still experience long-term difficulties that interfere with their functioning. Theorists have postulated alternative conceptualizations of posttraumatic stress responses not contained in the current PTSD diagnosis, such as affective and interpersonal dysregulation, which may occur in those with a history of CSA. Less attention has been paid to individuals such as college students whose psychological functioning has been less severely impaired by CSA, perhaps because they demand fewer mental health resources. However, due to the stressful nature of the transition to college, difficulties in affective and interpersonal regulation may emerge and long-standing problems may become more severe. Affective and interpersonal regulation were examined in relation to history of CSA within a sample of 846 college women. Those with a long duration of CSA had the greatest impairment in emotional self-awareness, with deficits in awareness and clarity increasing with duration of CSA. Regardless of duration of CSA, survivors had more interpersonal regulation difficulties than non-survivors. Findings provide preliminary support for inclusion of affective and interpersonal dysregulation in classifying posttraumatic stress reactions of survivors of prolonged interpersonal trauma, such as CSA.

## Cognitive Distortions and PTSD Symptoms in a Study of Police Officers

(Abstract # 972)

**Poster # S-121** (Assess Dx, Prev EI) **Atlanta Ballroom**

**Gardner, Jerald, BA<sup>1</sup>; Metzler, Thomas, MA<sup>1,2</sup>; Henn-Haase, Clare, PsyD<sup>1,2</sup>; Jun, Janie, BA<sup>1</sup>; Marmar, Charles, MD<sup>1,2</sup>**

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Greater distortions in cognitive schemas such as one's sense of self-esteem and personal sense of safety are believed to lead to more dysfunctional beliefs about self and environment. In this study we examined the relationship between cognitive distortions, assessed using the PBRs-R (Personal Beliefs and Reactions Scale - Revised), and a measure of PTSD symptoms using the PTSD Checklist (PCL) in all urban police officers who reported their worst critical incident ( $n = 146$ ) following two years of police service. The range of responses across all subscales in this study was ( $M = 4.08 - 5.06$ ,  $SD = .72 - .98$ ), the numerically lower scores being indicative of more distorted cognitive schemas. We found a robust negative correlation between PTSD symptoms (PCL total score) and the subscales of safety ( $r = -.37$ ,  $p < .001$ ), intimacy ( $r = -.36$ ,  $p < .001$ ), and self ( $r = -.34$ ,  $p < .001$ ) on the PBRs-R. These results indicate that in police officers, distorted cognitive schemas, particularly, safety, intimacy, and sense of self are associated with higher PTSD symptoms.

## Maladaptive Coping, Dissociation and PTSD in Incarcerated Female Survivors of Sexual Abuse

(Abstract # 914)

**Poster # S-122** (Assess Dx, Practice) **Atlanta Ballroom**

**Matthews, Kathleen Carey, MS; Morris, Kristine Alisa, MS; Lynch, Shannon, PhD; Cepeda, Galatia, MS; Heath, Nicole, MS**

Idaho State University, Pocatello, Idaho, USA

Incarcerated women report high rates of childhood sexual abuse (CSA) and post-traumatic stress disorder (PTSD) (Bloom, Owen, & Covington, 2004). CSA is associated with increased rates of PTSD (Kessler et al., 1999) and dissociation (Kisiel & Lyons, 2001) as well as maladaptive coping (Bal et al., 2003). However, there is limited research examining the role of dissociation as a predictor of negative outcomes for CSA survivors in general and a dearth of research with female offenders. This study examined whether the relationship between maladaptive coping and PTSD is mediated by dissociation in a sample of incarcerated women who are CSA survivors. **METHOD:** Forty-nine incarcerated women with self-reported experiences of CSA completed questionnaires assessing symptoms of PTSD, dissociation, and coping. **RESULTS:** Regression analyses suggest that the relationship between maladaptive coping and PTSD in incarcerated female survivors of CSA is mediated by dissociative symptomatology. **CONCLUSIONS:** Sexually abused incarcerated women who are dissociative in addition to reporting symptoms of PTSD are at greater risk of engaging in maladaptive coping strategies. As researchers review criteria for PTSD for the *DSM-V* and *ICD-11*, these results support assessment of dissociation in individuals diagnosed with PTSD (see also van der Hart et al, 2005).

## Assessing Social Support in Youth From Diverse Backgrounds

(Abstract # 828)

**Poster # S-124** (Disaster, Cul Div) **Atlanta Ballroom**

**Gordon, Arlene Tayag, MA; Thompson, Julia, BA; Kelley, Mary, PhD; Burns, Meghan, BA; Schexnaildre, Mark, BS**

Louisiana State University, Baton Rouge, Louisiana, USA

Research examining risk and protective factors associated with PTSD in children has established social support among the strongest predictors of overall adjustment post-trauma (Vigil & Geary, 2008). Greater perceived social support is associated with better outcomes (Cryder, Kilmer, Tedeschi, & Calhoun, 2006). Acquiring a thorough knowledge of social support's influence on adjustment post-trauma is restricted by the lack of psychometrically sound measures. This study addresses this limitation. The Social Support Scale for Children (SSSC; Harter, 1985), a widely cited measure of children's social support, appraises social support from parents, teachers, friends, and classmates. The measure was validated utilizing a predominantly middle-class, all Caucasian population (Harter, 1985). Literature examining social support in ethnic minority populations emphasizes the contribution of community and extended family members as sources of support, not included in the SSSC (Taylor, Casten, & Flickinger, 1993). The current study was designed to construct and validate a psychometrically sound measure of social support for use in diverse child populations, the Social Support Questionnaire for Children, which assesses five potential sources of social support: parent, relative, teacher, friend, and sibling in youth ages 8 years and older. Results and implications are discussed.

## Psychological Post-Burn Reactions: An Overview of the Temporal Evolution

(Abstract # 1042)

**Poster # S-125** (Assess Dx, Bio Med) **Atlanta Ballroom**

**St-Hilaire, Marie-Helene, PhD BSc KIN<sup>1</sup>; Silva, Cidalia, PhD(c)<sup>2</sup>; Robert, Mylene, BSc<sup>2</sup>; Bergeron, Nicolas, MD<sup>3</sup>**

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<sup>3</sup>University of Montreal, Montreal, Quebec, Canada

Burn injury is not only a physical challenge but also a psychological one. Over the first year after the injury, patients focus shifts from survival to adjustment. Post-traumatic stress disorder (PTSD) is not the only difficulty affecting burns, comorbid disorder is common. The presence of multiple disorders increases stress vulnerability and impairs in a greater level psychosocial/professional functioning (Olsson et al., 1997). The present study aims to investigate the prevalence and the development of psychological difficulties (clinical and sub-clinical) - PTSD, depression, substance/alcohol abuse (SAA) and other anxiety disorders - over time (12 months). Burn victims admitted at the Montréal Burn Centre were assessed at 1, 3, 6 and 12 months after the injury; self-administrated questionnaires (EMST, AUDIT, DUDIT, BDI-II, SF-36) were used at all times. Preliminary analysis ( $n = 19$ ) show that post-traumatic disorders (PTSD alone, depression, SAA and comorbidity) increase over the 6 months post-injury. Comorbid PTSD and depression (clinical and sub-clinical) is high: 26% are affected one month post-burn and 32% at 3 and 6 months. Further analysis will be performed at

12 months considering confounding variables and controlling for symptoms overlap. Results will be discussed in terms of clinical implications.

### How Obesity Relates to Post-Traumatic Stress Disorder in Male Police Officers

(Abstract # 1015)

**Poster # S-126** (Assess Dx, Prev El) **Atlanta Ballroom**

**St-Hilaire, Marie-Helene, PhD BSc KIN<sup>2</sup>; Chevrier, Jonathan, PhD<sup>2</sup>; Neylan, Thomas, MD<sup>2</sup>; Marmar, Charles, MD<sup>2</sup>; Metzler, Thomas, MA<sup>1</sup>**

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Obesity is a growing health problem associated with various physical and mental difficulties. Most Police officers are resilient to their exposure to work related critical incidents, for those developing post-traumatic stress disorder (PTSD); other psychological and physical conditions can co-occur. The present prospective study aims to explore the relationship between PTSD and obesity (body mass index BMI>30). Volunteer male recruits (n=114) were evaluated while in police academy training (M aged=27, SD=4.8) on various variables such as the development of psychological difficulties and obesity, over 3 three years. Self-administrated questionnaires on sociodemographics, health and on post-traumatic reactions (PCL, BDI-II, PDEQ) were used at 12, 24 and 36 months. Preliminary analyses with the first 3 years of police service show that exposition to trauma is the norm, only 4% develop partial and full PTSD, BMI increases over time and obesity affects 17%. As expected, depression, peritraumatic dissociation and PTSD are strongly correlated. BMI did correlate moderately with PTSD symptoms at 3 years ( $r=.20$ ,  $p<.05$ ) but was also associated with peritraumatic dissociation ( $r=.29$ ,  $p<.01$ ) and with depression ( $r=.20$ ,  $p<.05$ ). Further analysis will explore the impact of other risk factors such as insomnia. Clinical implications of the results will be discussed.

### Guilt, Shame, and Anger Among a Trauma Population

(Abstract # 988)

**Poster # S-127** (Clin Res, Practice) **Atlanta Ballroom**

**Bratton, Katrina, MA; Waltz, Jennifer, PhD**

University of Montana, Missoula, Montana, USA

Research has established that many trauma survivors struggle with the emotions of anger and guilt or shame, especially those experiencing PTSD symptoms (e.g., Henning & Frueh, 1997; Orth et al., 2008). It is important to understand these emotions, as some evidence suggests they may interfere with PTSD treatment (Ehlers, Clark, et al., 1998; Foa et al., 1995). Past research has suggested that anger may sometimes function as a means to escape from or avoid shame (Tangney, Wagner, Fletcher, & Gramzow; 1992). This study explores the relationships between guilt, shame and anger, and trauma symptoms, and addresses the hypothesis that a combination of high levels of shame and anger are particularly predictive of trauma symptoms. Seventy-seven trauma survivors, recruited from an undergraduate population, participated in the study, which involved completing measures of guilt and shame proneness (Test of Self Conscious Affect; Tangney, Wagner, & Gramzow, 1989), anger (State-Trait Anger Expression Inventory-2; Spielberger, 1999) and PTSD

symptoms (PTSD Checklist; Weathers, Litz, Huska, & Keane, 1994). Multiple regression analyses will be conducted to examine which combination of emotions is most predictive of symptoms. Results of this study will contribute to our understanding of the roles of guilt, shame and anger in trauma survivors.

### Volume Reduction in Pre-Motor Cortical Gray Matter in Victims of Urban Violence With PTSD

(Abstract # 883)

**Poster # S-128** (Bio Med, Assess Dx) **Atlanta Ballroom**

**Rocha-Rego, Vanessa, PhD<sup>3</sup>; Fortes, Mirtes; Oliveira, Leticia; Fiszman, Adriana, MD<sup>2</sup>; Figueira, Ivan, MD<sup>1</sup>; Volchan, Eliane<sup>1</sup>**

<sup>1</sup>Federal University of Rio De Janeiro, Rio de Janeiro, Rio de Janeiro, Brazil

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<sup>3</sup>University Federal Do Rio De Janeiro, Rio De Janeiro, Rio de Janeiro, Brazil

Electrical stimulation of the pre-motor cortex evokes defensive-like withdraw movements in monkeys (Graziano and Cooke, 2006). The authors suggested that a major emphasis of this area is the construction of a margin of safety around the body and the selection and coordination of defensive behaviour. We conducted a voxel based morphometry study (VBM-DARTEL) to detect brain anatomical differences in victims of urban violence with PTSD (n=16) relative to trauma-exposed controls (n=16) by analysing T1-weighted magnetic resonance images. Direct group comparisons using t test showed reduced gray matter volume in right pre-motor cortex (BA6,  $p<.05$ , corrected). We hypothesize that volume reduction in this area could reflect inapt defensive responses in PTSD patients.

### Psychophysiological Correlates of Intentional Suppression for Unwanted Pictures in Repressors

(Abstract # 812)

**Poster # S-129** (Clin Res, Bio Med) **Atlanta Ballroom**

**Kim, Deok-Yong, MA; Lee, Jang-Han, PhD**

Department of Psychology, Chung-Ang University, Seoul, Korea

A core feature of PTSD is reexperiencing which consists mainly of sensory impressions. The repressive coping style is habitually avoiding the coping of aversive events. Repressors have characteristics of memory which initially suppress intrusive thoughts, which are followed by maladaptive, long term consequences of this suppression. The Think/No-Think (TNT) paradigm was used to investigate whether repressors showed intentional memory inhibition or not. ERP showed strategies of memory and differences of memory suppression while viewing pictures associated with unrelated words. 27 undergraduates (13 repressors, 14 non-repressors) had their skin conductance response (SCR) measured while watching a video clip of traffic accidents, and then had their ERP recorded during the TNT paradigm. For behavioral data, an interaction between trial and condition was significant ( $F(2,50)=12.28$ ,  $p<.05$ ). In the SCR data, a main effect of the video was also significant ( $F(1,25)=23.12$ ,  $p<.05$ ). In the ERP results, the amplitude for location was marginally significant ( $F(3,75)=1.89$ ,  $p=.14$ ), but a Post-hoc revealed that P3 was lower than P4. We investigated the succession of inhibition memories in traumatic pictures

using the TNT paradigm to both repressors and non-repressors, and suggest that a suppressive coping strategy is successful in inhibiting the visual sensory memory of traumatic events.

### **Stress and Your Health: The Role of the Nurse Practitioner**

(Abstract # 920)

**Poster # S-130** (Practice, Commun) **Atlanta Ballroom**

**MacMillan, Stephanie, APRN**

*VAMC Cincinnati, Cincinnati, Ohio, USA*

Patients with anxiety disorders, specifically PTSD, often present with a number of co-morbid medical conditions, such as heart disease, hypertension, gastrointestinal disorders, and chronic pain. It is important that these conditions be addressed during the course of the residential treatment program, as these medical concerns may become limiting factors within the treatment. The medical issues are addressed with the patients individually, beginning in their history and physical examination where an initial medical plan is created with the patient. Then the patients will also be regularly followed by the nurse practitioner to assess and possibly make adjustments to the plan. The patients may also meet individually with the nutritionist, physical therapists and smoking cessation specialist if requested and indicated. In the group setting, all residential patients will attend a weekly Health Issues group to discuss various physiologic effects of stress on their health. Focus is placed on patient education, with regard to these health-related matters to empower the patient to take personal responsibility for their overall health.

### **Attention to Details: Administration of Residential PTSD Program**

(Abstract # 1013)

**Poster # S-131** (Practice, Commun) **Atlanta Ballroom**

**Lewis, Jennifer, PhD**

*VAMC Cincinnati, Cincinnati, Ohio, USA*

Several topics will be discussed including general program development, admission considerations, treatment issues, discharge assessments and post treatment follow up. Development of a cohesive structure to support a residential PTSD Program is multifaceted. To begin, there are issues surrounding the development of the program itself: What theoretical orientation will the treatment represent? What empirically based treatments will be offered? How will these be offered (group versus individual or some combination)? How will the philosophy, goals, and mission of the VA be reflected in our treatment program? Regarding the admission process, questions related to admission include determination of admission criteria, development of the admission assessment packet, and delineating the process for admission. Treatment issues are assisted by the determination of theoretical orientation and EBT decisions. There are important questions regarding frequency of sessions, group versus individual therapy, and determining what group topics to present. Discharge and follow up assessment will also be discussed along with issues related to resource management, training of staff, scheduling of groups and assessments and tracking follow up data. In addition, there is a need for a fluid system to accommodate the continual influx of information and policy developments at all levels.

### **Director's Eye View: Creation of a CPT Residential Program**

(Abstract # 1007)

**Poster # S-132** (Practice, Res Meth) **Atlanta Ballroom**

**Chard, Kathleen, PhD**

*VAMC Cincinnati, Cincinnati, Ohio, USA*

The creation of any CPT based residential PTSD program can be difficult. The purpose of this symposium is to discuss our experience with our residential programs in order to impart some of the successes we have seen. There is a great reward and satisfaction in having evidence-based treatment programs helping groups of patients at a time. CPT has been proven to work in a variety of settings, including residential programs. Since starting our program, we have been able to look at symptom scales before and after treatment, amassing data that these programs work. There are difficulties in starting something new, as often it requires training and culture change from patients and staff. However, there were lessons from our experience that can be used to make it easier to start a similar program elsewhere.

### **Masculinity Moderates the Relationship Between PTSD and Negative Health Behaviors in Male Veterans**

(Abstract # 869)

**Poster # S-133** (Mil Emer, Cul Div) **Atlanta Ballroom**

**Morrison, Jay, MA**

*Boston College, Boston, Massachusetts, USA*

It has been well established that symptoms of posttraumatic stress disorder (PTSD) are consistently associated with negative health outcomes. Individuals suffering from symptoms of PTSD also engage in health risk behaviors at greater rates, such as smoking, poor diet, and alcohol abuse, behaviors that can result in a variety of chronic health conditions. The purpose of this study was to examine the influence of men's conformity to and endorsement of traditional masculine scripts on the relationship between symptoms of PTSD and health behaviors in a sample of 195 male veterans randomly selected from all those who had accessed care through a major New England VA Healthcare System between 2001 and 2006. Hierarchical multiple regression techniques were conducted following guidelines for moderator analyses outlined by Barron and Kenny (1986). Results indicated that conformity to traditional masculine scripts significantly moderated the relationship between symptoms of PTSD and health behaviors. Men who conformed more highly to traditional masculine scripts evinced significantly worse health behaviors than would otherwise have been predicted from their symptoms of PTSD alone. Implications for prevention and treatment are discussed.

## Mothers' Emotion Regulation and Children's Executive Functions in Trauma-Exposed Families

(Abstract # 762)

**Poster # S-134** (Child, Practice) **Atlanta Ballroom**

**Hirabayashi, Yukie<sup>1</sup>; Hoffman, Casey, PhD<sup>2</sup>; Samuelson, Kristin, PhD<sup>1</sup>; Wilson, Christina, MA<sup>2</sup>**

<sup>1</sup>Alliant International University, San Francisco, California, USA

<sup>2</sup>California School of Professional Psychology, Alliant International University, San Francisco, California, USA

While the relationship between maternal psychological functioning and child behavioral functioning is well established, research is lacking on how maternal psychological functioning influences children's neurocognitive functioning. Investigating links between maternal and child functioning is especially needed in families that have endured trauma. As part of a research project examining the effects of intimate partner violence (IPV) on mothers' and children's social, emotional, and neuropsychological functioning, we examined the relationship between mothers' emotion regulation abilities and children's executive functions in 44 mother-child dyads. Mother's positive expectancies around her abilities to tolerate negative moods, as measured by the Negative Mood Regulation Scale, were correlated with child's executive functions, as measured by the Wisconsin Card Sort ( $r = .311, p = .036$ ). In addition, mother's reported use of cognitive strategies to influence negative moods predicted child's executive functions above and beyond the child's own emotion regulation, as measured by the Emotion Regulation Checklist. These findings emphasize the importance of mothers' emotional functioning in their children's neurocognitive development and suggest that the inclusion of mothers in the clinical interventions for children who witness IPV is essential.

## Prospective Observational Study of Sleep and PTSD Symptoms in Patients Undergoing PTSD Treatment

(Abstract # 881)

**Poster # S-135** (Clin Res) **Atlanta Ballroom**

**Kobayashi, Ihori, MS<sup>1</sup>; Hall, Brian, MA<sup>1</sup>; Hout, Courtney, BA<sup>2</sup>; Springston, Vanessa, BA<sup>2</sup>; Palmieri, Patrick, PhD<sup>2</sup>**

<sup>1</sup>Kent State University, Kent, Ohio, USA

<sup>2</sup>St. Thomas Hospital, Akron, Ohio, USA

Studies using self-report sleep measures have found that sleep disturbances often persist after cognitive-behavioral therapy (CBT) for PTSD. The present study prospectively examined PTSD symptoms and sleep disturbances using actigraphy (a behavioral sleep measure) in 29 PTSD patients who had been in CBT for PTSD for at least 3 weeks. Participants completed 1-week actigraphy monitoring following the recruitment (T1) and 8 weeks after T1 (T2). At the end of each actigraphy monitoring, participants completed the PTSD Symptom Scale (PSS). PSS total and 3 cluster scores were computed excluding two sleep-related items to compute correlation coefficients between T1 PSS and T2 actigraphy sleep parameters. Results of paired-sample t-tests revealed no significant change in PSS or actigraphy sleep parameters from T1 to T2. T1PSS total, intrusion, and avoidance, but not hyperarousal, scores were associated with T2 sleep onset latency (SOL;  $r = -.44, -.44, \text{ and } -.51$ , respectively, all  $p < .05$ ) and sleep efficiency ( $r = .38, .38, \text{ and } .44$ ,  $p = .07, .07, \text{ and } .04$ ,

respectively). The association between T1 avoidance and T2 SOL persisted when gender, number of therapy sessions conducted by T2, and T1 SOL were controlled for ( $\beta = -.52, p = .07$ ). Results suggest that patients experiencing daytime avoidance symptoms perhaps use sleep as a coping strategy.

## Past Experience of Parental Discipline and Current Physical Health Risk Behaviors

(Abstract # 832)

**Poster # S-136** (Bio Med, Child) **Atlanta Ballroom**

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

University of Arkansas, Fayetteville, Arkansas, USA

Experience of child abuse is associated with a host of negative emotional, behavioral, and cognitive outcomes. Recently, researchers have also investigated biological and medical sequelae, such as medical symptoms and higher utilization of health care services. Since there is no clear distinction between child abuse and less severe forms of parental discipline, studies have started examining potential adverse outcomes of corporal punishment, finding that corporal punishment is also correlated with a variety of negative child outcomes. Drawing on the connection between child abuse and physical health, this study investigates the link between experience of corporal punishment and physical health outcomes and health risk behaviors in young adulthood. The sample includes approximately 200 college students who completed self-report measures of methods of parental discipline experienced in childhood and current health status/health risk behaviors. Regression analyses will be used to examine the relation between corporal punishment and later health behaviors. Experience of more severe and/or more frequent corporal punishment is predicted to be associated with poorer health and more health risk behaviors. Furthermore, contextual factors of discipline (e.g. parental warmth) are hypothesized to function as moderators for the link between corporal punishment and later health outcome.

## Foster Youth and Criminality: Race and Gender as Variables of Interest

(Abstract # 835)

**Poster # S-137** (Child, Soc Ethic) **Atlanta Ballroom**

**Henrie, Joye, BS; Burleson, Karin, BA; Faith, Melissa, MA; Oeffinger, Ashley, BA; Royal, Rachel**

University of Arkansas, Fayetteville, Arkansas, USA

Foster youths are at risk of committing delinquent acts and becoming involved with the criminal justice system. It is unclear if certain aspects of the foster care experience or potential prior trauma and child maltreatment result in such antisocial and delinquent behavior. It has been shown that juveniles removed from their homes oftentimes have better outcomes than youths who remained with their families of origin. The interplay of the effects of maltreatment and foster care, and delinquent behaviors becomes increasingly complex for ethnic minorities and female adolescents. Research indicates that black children are more likely to be placed in foster care and remain there for longer periods. Black and Latino/a youths are sometimes more likely to benefit from remaining with their family of origin than their white counterparts, suggesting that foster care might have a more negative impact on minority adolescents. Many

studies fail to include female youths and the available research is often related to sexual "promiscuity". Findings indicate that the relation between foster care experience and delinquency is much stronger for females, suggesting that foster care or the prior trauma has a greater impact on female adolescents. More research is needed to offer explanations for the effects of gender and race variables on the maltreatment, foster care, and delinquency triad.

### Low Serum BDNF Predicts a Greater Response to PTSD Treatment in an Open Label Trial of Escitalopram

(Abstract # 984)

Poster # S-138 (Bio Med, Res Meth)

Atlanta Ballroom

Neylan, Thomas, MD<sup>2</sup>; Mehra, Akhil, MD<sup>2</sup>; Lenoci, Maryann, MA<sup>1</sup>; Metzler, Thomas, MA<sup>1</sup>; Schoenfeld, Frank, MD<sup>1</sup>

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Multiple studies have found that antidepressants increase serum BDNF levels in the treatment of major depression. This study addressed whether BDNF levels over treatment were associated with treatment response to escitalopram in subjects with Posttraumatic Stress Disorder (PTSD). Medically healthy male subjects (N=16) with chronic PTSD completed a 12-week open label trial of flexible dose (range 5-20mg) escitalopram. BDNF levels were obtained at baseline, and at weeks 4,8 and 12. Although PTSD symptoms significantly declined over the course of the 12 week trial, there was no change in BDNF levels over time. However, mean BDNF across the trial was strongly correlated with the slope of PTSD symptoms over the 12 weeks ( $r = 0.58, p = 0.018$ ). Lower mean BDNF was associated with a greater decrease in PTSD symptoms over the course of the trial. If escitalopram works via neurotrophic effects in PTSD, it appears that low BDNF levels predict a stronger treatment response.

### Medial Prefrontal Cortex Connectivity During Flashbacks – A Gateway to Emotion Processing in PTSD

(Abstract # 943)

Poster # S-139 (Bio Med, Res Meth)

Atlanta Ballroom

Daniels, Judith Karina PhD<sup>3</sup>; Bluhm, Robyn, PhD<sup>1</sup>; Lanius, Ruth, MD PhD<sup>2</sup>

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<sup>3</sup>UKE Hamburg, Hamburg, Germany

Objective: Neuroimaging studies in PTSD have shown evidence of altered activity of the medial prefrontal cortex (mPFC), thalamus, anterior and posterior cingulate during emotion processing, as well as of altered resting connectivity among these default network regions. In order to examine the effects of emotion-induced flashbacks on connectivity in these regions, we used psychophysiological interaction (PPI) analyses to compare mPFC during autobiographical recall of neutral vs. traumatic memories in PTSD patients. Results: Sixteen PTSD patients were scanned. Areas whose activity correlated more closely with that of the medial prefrontal cortex during flashbacks of the traumatic event compared to neutral recall included the right thalamus, right anterior cingulate (BA 32), and the left inferior

frontal gyrus (BA 13). Conclusion: The enhanced connectivity between medial prefrontal cortex and anterior cingulate during flashbacks may point to alterations in the default network during emotion processing. During autobiographical recall, spatially and temporally bound information is retrieved and the relevant scene vividly reconstructed. The higher functional connectivity between medial prefrontal cortex and thalamus during flashbacks may indicate differences in temporal binding during highly emotional autobiographic recall.

### Treating the Family: Effectiveness of a Time-Limited Group Therapy for Wives of Veterans With PTSD

(Abstract # 798)

Poster # S-140 (Mil Emer, Clin Res)

Atlanta Ballroom

Reck, Jennifer, MS<sup>2</sup>; Bender, Steven, PhD<sup>3</sup>; Ryan, Linda, LMSW<sup>1</sup>

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Research with partners of veterans with PTSD has indicated that partners can exhibit high levels of psychological distress, depression, marital discord, caregiver burden, and secondary PTSD symptoms (Manguno-Mire, Sautter, Lyons, et al., 2007; Dekel, Solomon, & Bleich, 2005). Recent studies assessing the needs of veterans with combat-related PTSD and their families have indicated that one of the most requested services is a women-only group or wives group (Sherman, Sautter, Lyons, et al., 2005). A recent pilot study (Reck, Bender, & Ryan, 2008) found that wives of veterans with PTSD (N = 4) who participated in a nine-session, manualized therapy group showed improvements in quality of life, depression symptoms, secondary PTSD symptoms, and marital adjustment. The current research expands on this pilot project to further examine the role of participation in this group on improving the psychological and social functioning of these wives or partners. In addition, preliminary data regarding the effectiveness of this therapy group on improving the psychological functioning of the veteran spouse on such domains as PTSD symptoms, quality of life, and marital adjustment will be explored. Implications and challenges for utilizing this group in a rural VA setting will be examined.

### Establishing a Pediatric Hospital Based Multi-Disciplinary Psychotrauma Service: The Singapore Context

(Abstract # 855)

Poster # S-141 (Child, Cul Div)

Atlanta Ballroom

Pang, Jasmine, DPsych(Clin)<sup>1</sup>; Ong, Gene, MBBS, MRCPCH<sup>2</sup>; Tan, Li-Jen, MA<sup>1</sup>

<sup>1</sup>Changi General Hospital, Singapore

<sup>2</sup>KK Women's and Children's Hospital, Singapore

This presentation will focus on the practical issues involved in the setting up of a multi-disciplinary trauma focused service aimed at addressing the psychosocial needs of paediatric patients in an Asian context. Singapore is a highly urbanised, multiracial and multicultural society. Traditionally, psychosocial aspects of hospitalisation has been relatively overlooked. In April 2007, the Psychosocial Trauma Support Service (PTSS) was established in an attempt to move towards more holistic care. The service

aims to prevent, minimise and offer specialised treatment for traumatic stress within the hospital setting. Primary target groups include children who are hospitalised due to accidental injuries and for medical procedures, as well as children who had been abused with no ongoing safety concerns. The service also provides training in trauma-informed care. Specific cultural challenges faced in the setting up of the service as well as the engagement and integration with the existing hospital services will be discussed. Descriptive data and the progress of the service will also be presented.

### **Negative Life Events in Abused African American Women: The Impact of Attachment**

(Abstract # 1002)

**Poster # S-142** (Cul Div, Commun) **Atlanta Ballroom**

**Woods, Amanda, MA<sup>1</sup>; Santorelli, Noelle, MA<sup>1</sup>; Kaslow, Nadine, PhD<sup>2</sup>**

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Insecure adult attachment styles have been implicated in maladaptive life experiences and the recurrence of negative and sometimes traumatic life events. This study examined the relationship between adult attachment styles (i.e., secure, fearful, preoccupied, and dismissing) in domestically abused, suicidal, African American women and re-exposure to maladaptive life events. Results revealed that attachment style accounted for 17% of the variance in stressful life events ( $R^2 = .17$ ;  $F(4, 134) = 6.78$ ,  $p < .001$ ). More specifically, when controlling for the effects of each of the attachment styles, fearful attachment style was the only significant predictor of stressful life experiences ( $\beta = .25$ ,  $p < .01$ ). Similarly, when controlling for the effects of each attachment style, only fearful attachment styles were associated with difficult social and cultural life experiences ( $\beta = .28$ ,  $p < .01$ ) and social victimization ( $\beta = .26$ ,  $p < .01$ ). These findings are significant given that they may affect treatment implications for African American women with fearful attachment patterns. By addressing the maladaptive fearful attachment style, which includes a negative view of self and others, therapeutic treatment interventions may impact the reoccurrence of harmful and traumatic life events.

### **Early Reported PTSD Symptoms and the Ability to Predict Long-Term Somatic Health Complaints**

(Abstract # 1025)

**Poster # S-143** (Assess Dx, Bio Med) **Atlanta Ballroom**

**Immel, Christopher, MS; Jones, Russell, PhD**

Virginia Tech University, Blacksburg, Virginia, USA

Exposure to traumatic events often leads to negative health outcomes. Further Posttraumatic Stress Disorder (PTSD) has been shown to mediate the relationship between trauma exposure and adverse health outcomes. However, little research has examined if assessing PTSD early post-trauma can lead to predicting long-term negative health outcomes. The current study utilized a National Institute of Mental Health dataset of residential fire survivors to assess how PTSD symptoms at 4 months post-trauma can predict somatic health complaints at

4, 11, and 18 months post-trauma. Results indicate that PTSD symptoms reported at 4 months post trauma are a good predictor of somatic health complaints at both 4 months ( $t(107) = 5.193$ ,  $p < .001$ ;  $R^2 = .45$ ) and 11 months ( $t(72) = 3.971$ ,  $p < .001$ ;  $R^2 = .42$ ). However, PTSD symptoms reported at 4 months post-trauma failed to predict health complaints at 18 months post-trauma ( $t(48) = .86$ ,  $p > .05$ ;  $R^2 = .01$ ). Results of the study seem to indicate that early reported PTSD symptoms are a good predictor of somatic health complaints nearly one year following the trauma. Clinical and health implications will be discussed.

### **Professional Posttraumatic Growth and the Costs of Caring: Perspectives on Practice After 9/11**

(Abstract # 982)

**Poster # S-144** (Disaster, Practice) **Atlanta Ballroom**

**Bauwens, Jennifer, MSW; Tosone, Carol, PhD**

New York University, New York, New York, USA

There is a growing body of literature on posttraumatic growth following trauma. Until recently, studies have not assessed the potential for change after indirect exposure to trauma, nor have these studies investigated positive outcomes for clinicians after a collective trauma. This study explores the long term impact of September 11th on the professional lives of 201 clinicians living in Manhattan. Participants responded to a survey which included an open-ended question inviting them to share their experiences of 9/11. Participants who answered the open-ended question were more traumatized, but more resilient and likely to report change related to 9/11 than those who left the question blank. Findings from the open-ended question showed that some clinicians experienced professional posttraumatic growth and others continued to experience the negative effects of working in the aftermath of a terrorist attack. More often, participants reported 9/11 was the impetus for enhancing self-care, changing clinical modality, and forging new skills. Positive changes were also reported within the therapeutic relationship, including an increased compassion and connectedness with clients. Negative effects included feeling ill-equipped to work in the gravity of 9/11, increased sense of vulnerability, and disappointment with professional organizations.

### **Sleep Disturbances and Chronic Pain Diagnoses in Treatment-Seeking Veterans With PTSD**

(Abstract # 925)

**Poster # S-145** (Practice) **Atlanta Ballroom**

**Fortenberry, Katherine, MS; Vandergriff, Jennifer, PhD; Reich, Eliyahu, MA; Mullins-Nelson, Jana, MA; Wilkinson, Charity, PsyD; West, Jeffrey, PhD**

Memphis VA Medical Center, Memphis, Tennessee, USA

Sleep disturbance, a hallmark symptom of PTSD, is associated with severity of psychiatric distress, including intrusion, arousal, and avoidance symptoms. While disturbances in sleep also characterize individuals coping with chronic pain, dually diagnosed individuals have been minimally studied. This study examined sleep problems among 66 treatment-seeking, PTSD-diagnosed veterans at a VA PTSD clinic. Veterans were

assessed via the PSQI, PCL-M, and chart review. Participants were predominately African American (72.1%) Vietnam veterans (71.9%) with mean age of 57.3. Sleep disturbances were strongly associated with hyperarousal and avoidance symptoms of PTSD ( $r_s > .325$ ), but not with reexperiencing symptoms. Notably, the majority of participants (72.7%) had at least one current pain diagnosis; self-reported pain frequency was positively associated with hyperarousal ( $r = .491$ ) and marginally associated with total PCL ( $r = .312$ ). Bivariate correlations indicated that a pain-related diagnosis was significantly associated with poorer subjective sleep quality ( $r = .291$ ). Given the high comorbidity of PTSD and chronic pain, and their concomitant impact on sleep, it is important that future research efforts include comprehensive assessment of both in order to most effectively intervene with sleep disturbances.

### Ethical Research Practice: Confidentiality Dilemmas Among Researchers in Various Fields

(Abstract # 789)

Poster # S-146 (Soc Ethic, Practice)

Atlanta Ballroom

Liles, Brani, Nelson, Summer, BA; McCoy, Victoria; Rhodes, Anthony, PhD; Newman, Elana, PhD

University of Tulsa, Department of Psychology, Tulsa, Oklahoma, USA

Ethical dilemmas and risks associated with trauma research is an important area of concern (e.g., Newman, Risch, & Kassam-Adams, 2006). In particular, many investigators and IRB are concerned about the potential necessity to break confidentiality in certain trauma-related studies. However, no known research has explored the prevalence of these dilemmas across research fields to determine if trauma research involves greater risks in confidentiality violations than that in other fields. We examined survey data from 90 research investigators receiving federal funding for research projects. These investigators reported conducting research in the fields of posttraumatic stress disorder ( $n=11, 12.2\%$ ), health and cardiology ( $n=22, 24.4\%$ ) "normal" cognition (20, 22.2%), and schizophrenia and major affective disorders ( $n=37, 41.1\%$ ). Confidentiality dilemmas related to suicide, homicide, child abuse, elderly abuse, abuse of the disabled, HIV status, substance abuse, criminality, and partner violence were assessed. Results suggest that confidentiality dilemmas occur in limited amounts across all studied research fields, and overall may be more likely to occur in mental health fields, but not specific to trauma-related investigations.

### Exploring Associations Between Child Self-System Functioning and Post-Disaster Depressive Symptoms

(Abstract # 814)

Poster # S-147 (Child, Disaster)

Atlanta Ballroom

Kilmer, Ryan, PhD; Gil-Rivas, Virginia, PhD; Hypes, Annada, MA; Roof, Katherine, BA; Williams, Justin, BA

UNC Charlotte, Charlotte, North Carolina, USA

Research has detailed psychological sequelae for children exposed to disaster, most commonly PTSD, other anxiety-mediated problems, depression, and other concerns. This literature has also identified factors that may place these youth at greater risk. Less well established is the degree to which particular resources may facilitate adaptation post-disaster. Work

in resilience has shown that children's self-system functioning – including their perceptions of their competencies, beliefs about their ability to cope, and future expectations – relates to positive adaptation despite adversity. Such resources may help children cope in a disaster's aftermath. This study examined correlates of depressive symptoms (assessed by the Children's Depression Inventory-Short Form; CDI), among 7- to 10-year-olds impacted by Hurricane Katrina. Multiple regression analyses examined the association between self-system variables and CDI scores roughly 12 and 22 months post-disaster. At baseline (T1), results suggested that coping competency beliefs related negatively to CDI scores even after accounting for concurrent PTSD symptoms. Perceived competence and future expectations did not contribute to the model. At follow-up, positive T1 future expectations related to lower CDI scores, even with T1 CDI and PTSD scores in the model. Study implications for intervention and future research are considered.

### Maternal Post Traumatic Stress Disorder and Adolescent Stress

(Abstract # 755)

Poster # S-148 (Child, Prev El)

Atlanta Ballroom

Brand, Sarah, MA; Sylvers, Patrick, MA; Hammen, Constance, PhD; LeBrocq, Robyne, MA; Brennan, Patricia, PhD

Emory University, Atlanta, Georgia, USA

Maternal psychopathology during childhood and adolescence is a known risk factor for the development of psychopathology in the child. This poster will examine the longitudinal effect of maternal PTSD during the child's lifetime on youth stress and PTSD, specifically looking at mediator and moderator models to explain the relationship. Seven hundred and six women and their children were followed from the child's birth until age twenty. During this time, 99 women met diagnostic criteria for PTSD or subclinical symptoms and 224 met diagnostic criteria for MDD. Youth and objective ratings of stress and PTSD diagnosis were obtained when the child was 15 and 20. Offspring of mothers who had experienced PTSD during their lifetime had significantly higher objective ratings of stressful life events at age 15, but not age 20. In offspring of mothers with PTSD there was a significant relationship between objective ratings of stress and the later development of PTSD. The findings from this longitudinal study will be discussed in a developmental context, with recommendations for early identification and prevention strategies for the offspring.

### Structure of PTSD Symptoms in Veterans of OEF/OEI: The Importance of Dysphoria and Avoidance Symptoms

(Abstract # 763)

Poster # S-149 (Assess Dx)

Atlanta Ballroom

Pietrzak, Robert H., PhD<sup>1</sup>; Rivers, Alison<sup>2</sup>; Johnson, Douglas, PhD<sup>1</sup>; Goldstein, Marc, MA<sup>1</sup>; Malley, James, PhD<sup>2</sup>; Southwick, Steven, MD<sup>2</sup>

<sup>1</sup>Connecticut VA Healthcare System, West Haven, Connecticut, USA

<sup>2</sup>Yale University, West Haven, Connecticut, USA

Epidemiologic studies suggest that approximately 1 in 6 Veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) meets screening criteria for posttraumatic stress disorder (PTSD). Screening instruments such as the PTSD Checklist-

Military Version (PCL-M) are often used to screen for PTSD, but little is known about the factor structure of this instrument in OEF/OIF Veterans. This study used confirmatory factor analysis to examine five alternative models of the factor structure of the PCL-M in a sample of 557 predominantly reserve/National Guard OEF/OIF Veterans. The four-factor dysphoria model, which includes re-experiencing, avoidance, dysphoria, and hyperarousal factors, provided the best representation of the latent structure of PTSD symptoms in this sample. Scores on the dysphoria factor were independently associated with depression, suicidal ideation, perceived stigma, barriers to care, and unit support. Scores on both the dysphoria and avoidance factors were associated with alcohol problems, psychosocial functioning, postdeployment social support, and mental health treatment utilization. These results suggest that a four-factor model of PTSD symptoms provided the best representation of PTSD symptoms and that dysphoria and avoidance symptoms were independently associated with a range of outcome measures in this sample of OEF/OIF Veterans.

### Juvenile Victimization, Poly-Victimization, and Psychological Distress in College Males

(Abstract # 779)

**Poster # S-150** (Clin Res, Assess Dx) **Atlanta Ballroom**

**Elliott, Ann, PhD; Aspelmeier, Jeffery, PhD; Pierce, Thomas, PhD; Herren, Alexandra, MS**

*Radford University, Radford, Virginia, USA*

This study examines the relationships among Finkelhor's (2007) concept of poly-victimization (i.e., high cumulative levels of victimization), six categories of juvenile victimization (Property Crime, Physical Assault, Witnessed/Indirect, Sexual, Peer/Sibling, Child Maltreatment), and current psychological distress in 300 college males. The study is designed as a follow-up to previous research which has examined the role of poly-victimization in college females. Using hierarchical regression, the study examines whether poly-victimization contributes any unique variance, beyond that accounted for by the combination of all six categories of juvenile victimization. Regression analyses reveal that poly-victimization accounts for a significant proportion of variability in psychological distress, beyond that already accounted for by the simultaneous entry of all six categories as predictor variables. The results for male participants in the present study will be compared to those of female participants in previous studies. Findings emphasize the importance for clinicians and researchers to comprehensively assess multiple categories of juvenile victimization and poly-victimization when evaluating a client's psychological adjustment.

### Health Care Utilization Patterns and Barriers to Care for Returning OEF and OIF Veterans

(Abstract # 788)

**Poster # S-151** (Mil Emer, Clin Res) **Atlanta Ballroom**

**Porcari, Carole, PhD<sup>1</sup>; Rauch, Sheila, PhD<sup>2</sup>; Koch, Ellen, PhD<sup>1</sup>; Hoodin, Flora, PhD<sup>1</sup>**

<sup>1</sup>*Eastern Michigan University, Ypsilanti, Michigan, USA*

<sup>2</sup>*VAAAHS/Univ of Michigan, Ann Arbor, Michigan, USA*

Significant numbers of OEF/OIF veterans reported mental health symptoms. The purpose of this study was to investigate why the majority of them did not seek help for these problems. Participants were 325 OEF/OIF veterans who registered for services at the VA Ann Arbor Healthcare System, and completed online measures of seeking help from formal and informal sources for physical and emotional problems, as well as measures of barriers to doing so. The barrier, "My mental health problem would go on my record," was endorsed by 46.2% of the sample, and "I would be seen as weak" was endorsed by 39.4%. The majority of the sample chose informal sources (family/friends, 64.3%) over formal sources with more veterans having sought help from VA physicians (45.5%) than VA mental health professionals (42.5%) for an emotional problem in the last year. More veterans utilized VA physicians (75.4%) versus private physicians (46.5%) for physical health problems. Participants indicated they would be most likely to seek help in the next year from family/friends for physical (24%) and emotional problems (21.5%). These findings have implications regarding logistical and psychological barriers to health care for veterans and may inform administrators and clinicians regarding outreach and program development.

### Intimate Partner Violence and the Role of Masculinity in Male Same-Sex Relationships

(Abstract # 824)

**Poster # S-152** (Cul Div, Clin Res) **Atlanta Ballroom**

**Oringer, Jonathan, BA; Samuelson, Kristin, PhD**

*Alliant International University, San Francisco, California, USA*

Intimate partner violence (IPV) in heterosexual couples has been heavily researched for decades, and more recently have researchers begun to examine the correlates of violent behavior in same-gender relationships. Masculinity and male-role socialization have long been recognized as related to many forms of violent behavior, but understanding masculine attitudes of gay men and their role in IPV has not been similarly studied. In a community sample of 119 ethnically diverse, primarily college educated gay men, perpetrating acts of IPV was associated with stronger endorsement of traditional beliefs regarding the male role ( $r = .302, p < .001$ ). We also found a high correlation between perpetrating acts of IPV and being the victim of such acts ( $r = .699, p < .001$ ). Masculinity predicted perpetrator IPV experience, over and above victim IPV experience. These findings suggest that there may not be a traditional "batterer" and "victim" in male same-gender couples with IPV, and that appropriate clinical treatment of male same-gender IPV may require distinct interventions from those currently used for heterosexual couples.

## Trauma Memory Distortion of High Dissociator

(Abstract # 853)

**Poster # S-153** (Clin Res, Practice) **Atlanta Ballroom**

Lee, Yusun, BA; Lee, Jang-Han, PhD

*Department of Psychology, Chung-Ang University, Seoul, Korea*

A high dissociator (HD) is at higher risk of exhibiting memory distortion. In particular, memory bias confounds a HD's self-report of traumatic events, thus reporting higher frequencies of negative experiences. The main purpose of this study was to see whether memory distortion actually takes place during perception. Using physiological measures and a visual memory task, we aimed to examine differences in trauma memory according to dissociation levels, and to compare trauma memory with the physiological measures. 30 undergraduate students were selected using Dissociative Experiences Scale (DES) scores, and were classified as HDs (n=16) or low dissociators (LDs) (n=14). While watching a traumatic film, subjects' heart rates and skin conductance levels were measured, followed by a recognition task of the traumatic film of basic scenes that were morphed to varied intensity levels. They then completed various self-rating scales designed to assess depression, anxiety, and the impact of the event. HDs showed more exaggerated trauma memory distortion than did LDs. In contrast, participants who had high DES scores showed no change in either heart rate or skin conductance levels. These findings indicate that HDs do experience trauma memory distortion, but this distortion occurs in other stages or functions, and not during perception.

## Threat-Related Attention Bias in Dating Violence Survivors

(Abstract # 809)

**Poster # S-154** (Clin Res, Practice) **Atlanta Ballroom**

Lee, Jeong-Ha, BA; Lee, Jang-Han, PhD

*Department of Psychology, Chung-Ang University, Seoul, Korea*

Studies revealed that interpersonal violence survivors show cognitive impairments such as attention and memory bias toward threat-related cues. Past research on attention bias to threat-related cues used the emotional Stroop task or the dot-probe task, which are both indirect measures of reaction-time, and do not provide complete and accurate information on attention. Few studies examined threat-related attention bias in dating violence (DV) survivors. Our purpose was to investigate time-course characteristics of selective attention in DV survivors using a ViewPoint eye-tracker and virtual reality (VR). 30 female undergraduates (15 DV group, 15 control group) will be recruited using the Conflict Tactic Scales-R and an interview. An eye-movement task (EMT) presented four categories of images selected from the International Affective Picture System: trauma-related, dysphoric, positive, neutral. Each trial begins with a fixation cross, followed by a screen with four images for 10 seconds, while recording eye-movement. Trauma-related cues (verbal/physical aggression between two people) will be presented in a realistic virtual environment. We expect the DV group will attend more to the trauma-related cues than will the control group, and the DV group will show greater memory for details about the conflict between the man and woman, compared to the fights between same sex pairs.

## Posttraumatic Stress Disorder in Women After Hurricane Katrina: Predictors and Symptom Endorsement

(Abstract # 807)

**Poster # S-155** (Disaster, Cul Div) **Atlanta Ballroom**

Thompson, Julia, BA; Kelley, Mary, PhD

*Louisiana State University, Baton Rouge, Louisiana, USA*

Hurricane Katrina struck the Gulf Coast on August 29th 2005 causing catastrophic damage to New Orleans and surrounding areas. Many of those most affected by the hurricane were low-income minorities who could least afford the destruction of their home and livelihood. Research is only beginning to emerge about the psychological impact of the disaster and little is known about the potentially unique experience of the citizens of New Orleans and the surrounding parishes. The purpose of this study is to explore posttraumatic symptom endorsement, trauma history and predictors of posttraumatic stress in women impacted by Hurricane Katrina. Participants included 312 women from New Orleans and the surrounding parishes. This sample was primarily low-income with an average income of \$23,000 and African American (69%). Number and type of past trauma as well as frequency of symptom endorsement will be presented. In addition, hierarchical regression analyses will be used to determine predictors of PTSD symptoms. Predictors include prior traumatic experiences, level of hurricane exposure, race and income. Results and implications will be discussed.

## Clinician Bias Related to Adult Disclosures of Childhood Sexual Abuse

(Abstract # 808)

**Poster # S-156** (Practice, Soc Ethic) **Atlanta Ballroom**

Tiegreen, Sara, MA; Newman, Elana, PhD

*University of Tulsa, Department of Psychology, Tulsa, Oklahoma, USA*

Child sexual abuse (CSA) is a public health problem (e.g. Molnar, Buka, & Kessler, 2001) linked to a multiple psychiatric problems (e.g. Ruggiero, McLeer, & Dixon, 2000). Many CSA victims do not disclose their abuse until several years following the abusive event(s), and some never disclose outside of scientific studies (e.g. Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best, 2000). Negative or unsupportive reactions to disclosure, including disbelief, can prove deleterious, leading to increased symptoms of mood disorders, suicidality, eating disorders, and posttraumatic stress disorder among others (e.g., Gries, Goh, Andrews, Gilbert, Praver, & Stelzer, 2000). Given that CSA is linked to several psychiatric problems, it is likely that a significant portion of CSA victims will be seen by mental health professionals. The present study examines potential sources of bias among clinicians presented with CSA disclosures by adult clients. Clinicians (n=545) were presented with hypothetical disclosure scenarios that only differed by the type of memory depicted (continuous, recovered). A series of ordinal logistic regressions showed statistically significant differences between the two versions (continuous vs. recovered memory), with clinicians rating continuous memories as more believable and more accurate than recovered memories. Implications will be discussed.

## Understanding Perpetration of Intimate Partner Violence

(Abstract # 816)

**Poster # S-157** (Soc Ethic, Res Meth) **Atlanta Ballroom**

Ortigo, Dorthie, MA; Pelletier, Tiffany, BA; Ortigo, Kile, MA; Ressler, Kerry, MD, PhD; Bradley, Bekh, PhD

Emory University, Atlanta, Georgia, USA

There is a need for effective treatments for perpetrators of partner violence, but studies show limited success of these treatments. In order to develop effective intervention strategies, it might be helpful to have an empirically-based understanding of how perpetrators are different from other non-abusing adults. Data were gathered as part of an NIMH funded study of risk/resilience to trauma exposure, and participants were recruited from the primary care clinics of an urban public hospital. We analyzed data on individuals who acknowledged committing physical violence toward a romantic partner ( $n = 98$ ) based on selected questions from the Conflict Tactics Scale. We compared them to non-abusing controls on measures of attachment, emotion regulation, posttraumatic stress, depression, anger, impulsivity, substance abuse, and childhood trauma. We found differences between the perpetrators and the non-abusive controls across all of these measures, and the pattern of these differences varied based on perpetrator gender. We also found that a history of childhood emotional abuse, over other forms of child abuse, was predictive of IPV perpetration. We integrate these findings, and we discuss implications for assessment and treatment of perpetrators.

## The Role of Attributions in the Coping Trajectories of African American Battered Women

(Abstract # 813)

**Poster # S-158** (Soc Ethic, Clin Res) **Atlanta Ballroom**

Meyer, Alicia, MA<sup>1</sup>; Dalton, Mary Ann, PhD<sup>2</sup>; Wagner, Barry, PhD<sup>1</sup>; Veronee, Kimberly, BA<sup>1</sup>

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This study investigates the relationship between battered women's causal attributions for the violence they experience, their coping efforts, and their PTSD outcomes. Causal attributions related to intentional violence, incidental violence and the combination of intentional and incidental violence were regressed first on six categories of coping strategies (placating, resistance, formal help source, informal help source, safety planning, and legal strategies), and then on women's scores in each of the three PTSD symptom clusters (intrusion, avoidance, and arousal). Of the 793 women approached outside of a battered women's shelter and the District Court, 324 African American women were included in this current analysis. It was found that after controlling for a number of covariates (age, income, education, violence severity, and coping efforts) women's attributions related to intentional violence significantly predicted increases in each of the PTSD symptom clusters whereas attributions related to incidental violence were unrelated to PTSD outcomes. Regarding the relationship between coping and PTSD, after controlling for covariates, only placating and informal coping strategies significantly predicted intrusion and arousal symptoms. Also, only placating coping strategies significantly

predicted avoidance symptoms. Treatment implications of these findings were discussed.

## Cognitive Processes Involved in Assessing Post-Traumatic Growth

(Abstract # 821)

**Poster # S-159** (Res Meth, Assess Dx) **Atlanta Ballroom**

Gunty, Amy, BA<sup>1</sup>, Frazier, Patricia, PhD<sup>1</sup>; Tennen, Howard, PhD<sup>2</sup>

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Recent evidence suggests that scores on the Post-traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) are unrelated to actual growth from pre- to post-trauma (Frazier et al., in press). Ford et al. (2008) proposed that the lack of validity of PTG measures may owe to the complex processes involved in assessing one's own PTG (e.g., evaluating current standing, recalling pre-trauma standing, assessing change). To evaluate where this process may go awry, undergraduates who experienced a trauma over a 2-month period ( $N=122$ ) completed pre-trauma (T1) measures of their current standing on items parallel to the PTGI items (C-PTGI). At post-trauma (T2), they again completed the C-PTGI, measures of domains similar to those assessed by the C-PTGI (e.g., spirituality), the PTGI, and recalled their T1 C-PTGI scores. Participants could accurately assess their current standing (mean  $r = .50$  between C-PTGI and domain measures), recall their pre-trauma standing ( $r = .68$  between actual T1 and recalled T1 scores) and assess pre- to post-trauma change ( $r = .57$  between actual change on the C-PTGI and the difference between current standing at T2 and recalled T1 scores). However, the PTGI only correlated .23 with this difference score, suggesting that it does not assess actual change.

## Posttraumatic Stress Symptoms and Physical Health: A Prospective Study of Police Officers

(Abstract # 845)

**Poster # S-160** (Mil Emer, Bio Med) **Atlanta Ballroom**

Inslight, Sabra, PhD<sup>1,2</sup>; Neylan, Thomas, MD<sup>1,2</sup>; Metzler, Thomas, MA<sup>1,2</sup>; Henn-Haase, Clare, PsyD<sup>2</sup>; Waldrop, Angela, PhD<sup>1,2</sup>; Marmar, Charles, MD<sup>1,2</sup>; Richards, Anne, MD<sup>1,2</sup>

<sup>1</sup>San Francisco VA Medical Center, San Francisco, California, USA

<sup>2</sup>University of California San Francisco, San Francisco, California, USA

Poor physical health has been associated with trauma exposure and PTSD in cross-sectional studies, primarily in chronic PTSD patients. The present study examines self-reported health status in relation to PTSD symptoms in a prospective study of young healthy police recruits during their first 2 years of service. Recruits ( $n=271$ ) completed self-report assessments during academy training, and at 12 and 24 months following the start of police service. Perceived health, on a scale of 1 (excellent) to 5 (poor), worsened from baseline ( $M=1.88$ ,  $SD=.77$ ) to 12 months ( $M=2.30$ ,  $SD=.91$ ),  $t(268)=-8.49$ ,  $p<.001$ , but did not change between 12 and 24 months,  $t(211)=-.26$ ,  $p=.79$ . At 12 months, PTSD symptoms predicted poorer perceived health status, even after controlling for health at baseline, physical injuries over the first year, smoking, and alcohol misuse at 12 months,  $s=.16$ ,  $t(198)=2.97$ ,  $p<.01$ . The relationship between PTSD symptoms and health status was eliminated when sleep difficulties were

added into the regression model,  $s=.05$ ,  $t(198)=.85$ ,  $p=.34$ , suggesting a mediational role for sleep difficulties. These findings highlight the manifold consequences of critical incident stress exposure on both physical and mental health outcomes. Sleep difficulties may be a mechanism accounting for the relationship between PTSD symptoms and decrements in health.

### Does Prolonged Exposure Need to Hurt in Order to Help? Exploring Two Alternatives

(Abstract # 839)

**Poster # S-161** (Practice, Clin Res) **Atlanta Ballroom**

**Gaffney, David, MSW**

*HealthSource, Saginaw, Saginaw, Michigan, USA*

Prolonged Exposure (PE) has emerged as a leading treatment for PTSD. However, many therapists shy away from PE due to the high levels of distress and pain it can cause clients. Indeed, this issue leads to inconsistent buy-in by therapists and high drop-out rates or under-engagement by clients. But does PE need to be painful to be effective? Not necessarily. This workshop will briefly consider the role of pain in exposure interventions and use recent advances in neuroscience to explore whether pain is necessary for new learning. We will then use Foa and Kozak's Emotional Processing Theory to map how two alternatives to traditional PE techniques can facilitate both exposure and emotional processing of traumatic content and cognitions with minimal distress. The majority of the workshop will demonstrate how the Emotional Freedom Technique (EFT) and Rapid Phobia Protocol (NLP) can fit into the Prolonged Exposure model. These techniques not only minimize pain, but actually work better when clients do not feel distress during exposure. We will review relevant research for these techniques as well as obstacles for their effective use. Through case studies, video demonstrations, and protocol descriptions, participants will learn how to enhance their treatment of trauma by adopting these techniques.

### Work Related Traumatic Stress Among Nurses in Japan

(Abstract # 851)

**Poster # S-162** (Cul Div, Prev EI) **Atlanta Ballroom**

**Osawa, Tomoko, PhD; Kato, Hiroshi, MD, PhD**

*Hyogo Institute for Traumatic Stress, Chuo-ku Kobe, Japan*

Objectives: This study explores the nature and frequency of critical incident nurses who work in hospitals are exposed to, and the effects from such experiences. Method: Critical Incident Checklist for Nurses (20 items) was developed from data collected in the preliminary study; 194 nurses completed a survey where they were asked to write down 'work-related incidents that were emotionally shocking and/or very stressful'. 1348 nurse participated in the main study. They completed the Critical Incident Checklist for Nurses, the Impact of Event Scale-Revised, and the social support scales from the National Institute for Occupational Safety and Health (NIOSH) general job stress instrument. Results: 93.4 % of the subjects (N=1259) reported experiencing at least one of the critical incidents on the checklist. Mean score of IES-R was 13.4 (SD=14.5) and 18.7% was above the cut off. More incidents experienced, higher the IES-R score, and significantly high scores were found in the following incidents; 'the first person to find a dead patient', 'patient suicide or witnessing suicide', 'malpractice and lawsuit', 'exposure to

toxic substance', 'being badly beaten', 'constant verbal abuse', 'having to obey unreasonable order', and 'watching patient suffer helplessly'. The subjects found more support from family and friend, than colleagues and supervisors in general.

### The Effect of Self-Efficacy on Pediatricians' Management of Childhood PTSD

(Abstract # 850)

**Poster # S-163** (Child, Practice) **Atlanta Ballroom**

**Banh, My, PhD<sup>1</sup>; Saxe, Glenn, MD; Mangione, Thomas, PhD<sup>3</sup>; Grossman, Frances, PhD<sup>2</sup>**

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This study investigated pediatricians' self-efficacy in assessing and treating posttraumatic stress disorder (PTSD) in children. Methods: Focus groups guided the development of a survey that was mailed to primary care pediatricians in Massachusetts in 2005. Descriptive statistics, multivariate and chi-square analyses were used to describe the effect of self-efficacy on clinical practice. Results: A 60% (N=597) survey response-rate was obtained. On average, pediatricians with high self-efficacy were more likely to assess (M=72 vs. M=47,  $p<.05$ ) and treat (M=43 vs. M=21,  $p<.05$ ) childhood PTSD than pediatricians who reported low self-efficacy. Pediatricians with high self-efficacy more often assessed for PTSD symptoms of avoidance (48% vs. 30%,  $p<.05$ ), re-experiencing (58% vs. 34%,  $p<.05$ ), and hyperarousal (20% vs. 12%,  $p<.05$ ). They also more often scheduled follow-up visits (61% vs. 32%,  $p<.05$ ) and provided behavioral interventions (15% vs. 7%,  $p<.05$ ). Furthermore, self-efficacy partially mediated the relationships between greater knowledge and assessment and treatment of PTSD. Self-efficacy also partially mediated the relationships between pediatricians' perceived roles about PTSD and assessment and management of childhood PTSD. Conclusion(s): Improving pediatricians' self-efficacy in exploring trauma may be a useful first step in improving care for traumatized children.

### Correlates of Mental Health Care Use Among VA Patients Diagnosed With PTSD

(Abstract # 862)

**Poster # S-164** (Clin Res) **Atlanta Ballroom**

**Rosen, Craig, PhD<sup>1,2</sup>; Greenbaum, Mark, MS, MA<sup>1</sup>; Laffaye, Charlene, PhD<sup>1</sup>; Fitt, Julie, BA<sup>1</sup>; Norris, Virginia, MA<sup>2</sup>; Valdez, Christine, BA<sup>1</sup>**

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While the number of Veterans Administration (VA) patients diagnosed with PTSD has increased dramatically, not all of them receive PTSD treatment. We used the Andersen behavioral model to predict utilization of VA mental health care for PTSD. A national sample of 490 VA outpatients diagnosed with PTSD completed mail surveys assessing need (e.g., symptoms), predisposing (e.g., demographics), and enabling variables (e.g., distance to VA). Twelve-month use of mental health services was determined from VA administrative records. Predictors of wanting treatment, receiving any mental health care, and (log-transformed) number

of treatment visits were assessed with logistic and linear regression. Patients who wanted mental health treatment (87.6%) tended to have more severe symptoms, be diagnosed in a mental health setting, be female, receive less pension compensation, and live closer to the VA. Those who completed any PTSD mental health visits (69%) tended to have worse symptoms, want treatment, be diagnosed in a mental health clinic, be OEF/OIF veterans, and be married. Among those treated, only wanting treatment predicted number of treatment visit (median = 6). Number of visits was unrelated to symptoms severity or other patient factors, and suggesting it may be influenced by unmeasured site variables such as caseloads or local policies.

### Implementation of a Secondary Prevention Program for Traumatized Injured Children in Singapore

(Abstract # 857)

**Poster # S-165** (Prev EI, Child)

**Atlanta Ballroom**

Tan, Li-Jen, PhD<sup>1</sup>; Pang, Jasmine, DPsych(Clin)<sup>1</sup>; Ong, Gene, MBBS, MRCPCH<sup>2</sup>

<sup>1</sup>Changi General Hospital, Singapore

<sup>2</sup>KK Women's and Children's Hospital, Singapore

This presentation will focus on the practical challenges of implementing a screening and follow-up program in an Asian hospital, aimed at identifying and providing early intervention to pediatric injury patients at risk of having persistent traumatic stress symptoms. A Singapore adaptation of the STEPP (Screening Tool for Early Predictors of PTSD) was used to screen over 150 children who were hospitalized due to accidental injuries from incidents such as traffic accidents and falls. Children and their parents were contacted at 1 to 3 months post-injury, and assessed on measures of emotional distress via telephone surveys or face-to-face interviews. Psychological intervention was offered to children with persistent distress. The cross-cultural challenges faced in engaging parents and children to complete follow-up assessments post-discharge, as well as receive psychological treatment, will be discussed. Descriptive data and the preliminary results of this secondary prevention programme will also be presented.

### Propranolol Weakens Trauma-Related Psychophysiological Arousal: A Case Series

(Abstract # 861)

**Poster # S-166** (Assess Dx, Bio Med)

**Atlanta Ballroom**

Thomas, Emilie, PhD<sup>3</sup>; Poundja, Joaquin, BSc<sup>2</sup>; Brunet, Alain, PhD<sup>1</sup>; Tremblay, Jacques, MD<sup>3</sup>

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In a previously published placebo controlled study, post-retrieval propranolol decreased physiologic responding during a script-driven traumatic imagery session conducted one week later among individuals suffering from longstanding post-traumatic stress disorder (PTSD). Because of the small sample size, we sought to replicate this finding. This opportunity was provided during an open label trial whereby individuals with chronic PTSD received six 15-minute trauma reactivation sessions conducted under the influence of propranolol. At the end of this treatment physiologic responding (heart rate, skin conductance

and electromyogram) during a script-driven traumatic imagery session was conducted. The heart rate,  $F(1)=5.270$ ,  $p=.031$ , and skin conductance,  $F(1)=5.898$ ,  $p=.023$ , physiologic responses, were significantly smaller in the subjects who had received the propranolol treatment ( $n=15$ ) compared to the control group ( $n=9$ ) which we gleaned from our previously published study. The Electromyogram results were not significant. These results replicate our previous finding to the effect that trauma reactivation under the influence of propranolol subsequently weakens the trauma memory when subjects are drug-free. Although this study does not provide insight into the mechanisms of action of propranolol on the traumatic memory, the results presented are consistent with reconsolidation theory

### An Exploration of Mediation Effects of Depression and PTSD in Sexual Harassment Victims in Taiwan

(Abstract # 864)

**Poster # S-167** (Clin Res, Prev EI)

**Atlanta Ballroom**

Peng, Hsiu-Ling, PhD<sup>1</sup>; Chen, Sue-Huei<sup>2</sup>; Li, Ren-Hau<sup>1</sup>

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<sup>2</sup>National Taiwan University, Taipei, Taiwan

Backgrounds and Objectives: Sexual harassment often leads to PTSD and depression. But the relationships between them are unclear until now. The study aimed to investigate the mediation effects of depression and PTSD symptoms in victims of sexual harassment. Methods: Participants were 480 college students in Taiwan. Instruments include self-reported sexual harassment and assault events, BDI-II, and Posttraumatic Stress Response Index. We first recoded the scale items to form an estimate with or without potential depression and PTSD, and then employed logistic regression analysis to check the risks for depression and PTSD caused by sexual harassment. We also investigated the mediation effects of depression and PTSD. Results: The odds ratios indicate that sexual harassment experiences could predict depression and present and lifetime PTSD. The effect of sexual harassment on depression disappeared after PTSD added to serve as a mediator. The structure equation model method also confirmed good fit of the model with PTSD as a mediator, but not the model with depression as a mediator. Discussions: PTSD appears to mediate between sexual harassment and consequent depression. This suggests that, in helping sexual harassment victims with depression and PTSD symptoms, it may be better benefitted to first intervene their PTSD symptoms.

### Death Notification Guideline at Emergency Room in Japan 2

(Abstract # 908)

**Poster # S-168** (Cul Div, Prev EI)

**Atlanta Ballroom**

Yanagita, Tami, PhD

*Niigata University, Niigata, Japan*

Sudden death requires Death Notification toward left family, and it is one of the most difficult tasks for the medical staffs in emergency room. Notification of sudden death leads left family to acute stress reaction and grief reaction. Recently inappropriate Death Notification attracts attention as a risk factor for prolonged grief reaction. In previous study we conducted questionnaire survey at emergency rooms in Japan to explore

how Death Notifications are delivered in emergency settings. The result had showed high needs for having a working protocol to conduct appropriate Death Notification for left family, so that we conducted questionnaire survey at universities to explore their priority concerning Death Notifications. The questionnaire includes the items concerning "notification setting" and "timing of contact". In 2008 we launched another survey. In this survey, we conducted questionnaire survey at Death Notification training seminar for medical staffs to explore their priority concerning conducting Death Notifications. The purpose of this survey is to define the issues concerning Death Notification and optimize a working protocol for delivery Death Notification by comparing the results between university students and medical staffs. This survey is ongoing, the latest result will be presented.

### Sample Characteristics Influence the Structure of PTSD Symptoms

(Abstract # 876)

**Poster # S-169** (Assess Dx) **Atlanta Ballroom**

**McDonald, Scott, PhD<sup>1</sup>; Calhoun, Patrick, PhD<sup>2</sup>**

<sup>1</sup>Defense and Veterans Brain Injury Center, Richmond, Virginia, USA

<sup>2</sup>Durham VA Medical Center and MIRECC Workgroup, Durham, North Carolina, USA

Studies generally support one of two 4-factor models of PTSD symptom structure (King et al., 1998; Simms et al., 2002), which differ in the way three "non-specific" symptoms (sleep disturbance, irritability, and difficulty concentrating) cluster with other PTSD symptoms. One possible explanation for dissimilar findings is that the King model is supported in samples with a high prevalence of PTSD, whereas the Simms model is supported in non-clinical samples. This study compared the symptom structure of PTSD in U.S. OEF/OIF veterans with PTSD (n = 136) vs. those without PTSD (n = 316). Multiple regression analysis examined whether the relationships between numbing and hyperarousal symptoms and non-specific symptoms are moderated by PTSD diagnosis. Group, re-experiencing, numbing, hyperarousal, and the interaction of group X numbing were significant. Post hoc evaluation of the group X numbing interaction revealed that the relationship between numbing and the non-specific symptoms was stronger for the no PTSD group than for the PTSD group. Results were consistent with findings of single-sample confirmatory factor analyses, and support the contention that the prevalence of PTSD in the sample affects the symptom structure of PTSD. Findings are discussed in terms of PTSD construct validity and its implications for the *DSM-V*.

### Difficulties With Emotion Regulation as a Mediator Between Trauma and Dissociation

(Abstract # 895)

**Poster # S-170** (Clin Res, Prev El) **Atlanta Ballroom**

**Kalil, Kathleen Sullivan, MD, PhD**

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Dissociation is often thought of as a response to traumatic experiences, however it has been noted that the majority of people who experience trauma do not develop dissociation (Briere, 2006). This suggests other factors may influence the development of dissociation in response to trauma. Briere (2006) found emotion dysregulation moderated the relationship between trauma and dissociation, providing an important intervention

point in treatment of dissociative symptoms. The current study examined this relationship in 96 male participants at an urban commuter university. Difficulties in emotion regulation mediated the relationship between trauma and dissociation. Results are discussed in terms of clinical implications. Relationships between dimensions of emotion regulation difficulties and dissociative experiences are discussed.

### Quetiapine Monotherapy in PTSD: A Double Blind, Randomized, Placebo-Controlled Trial

(Abstract # 893)

**Poster # S-171** (Clin Res, Prev El) **Atlanta Ballroom**

**Hamner, Mark, MD<sup>1</sup>; Calais, Lawrence, MSN<sup>2</sup>; Villareal, Gerardo, MD<sup>2</sup>; Durkalski, Valerie, PhD<sup>3</sup>**

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Background: Atypical antipsychotics may be effective in reducing symptoms of PTSD in patients who are refractory to other treatments. This study investigated the efficacy of monotherapy with quetiapine, an atypical antipsychotic, in patients with chronic PTSD. Method: A double-blind, randomized, placebo-controlled trial was conducted. There was a one week placebo phase followed by a twelve week randomized phase. Eighty patients entered the study and 77 had at least one efficacy assessment. The primary outcome measure was the Clinician-Administered PTSD Scale (CAPS). A number of secondary rating instruments were also administered including the Positive and Negative Symptom Scale (PANSS), Clinical Global Impressions -Severity of Illness Scale (CGI-S), the CGI-Improvement Scale (CGI-I), the Hamilton Rating Scale for Depression (HRSD), the Hamilton rating Scale for Anxiety (HRSA) and other psychosocial and safety measures. Results: There was significant (threefold) decline in CAPS composite scores in quetiapine-treated patients as compared with placebo (intent-to-treat analysis, last observation carried forward, p=0.0070, 2-tailed).

### Exploring the Association Between Posttraumatic Growth and PTSD: A National Study of Jews and Arabs

(Abstract # 900)

**Poster # S-172** (Disaster, Civil Ref) **Atlanta Ballroom**

**Hall, Brian, MA<sup>2</sup>; Hobfoll, Stevan, PhD<sup>2</sup>; Canetti, Daphna<sup>5</sup>, PhD; Johnson, Robert, PhD<sup>4</sup>; Palmieri, Patrick, PhD<sup>3</sup>; Galea, Sandro, MD, DrPh<sup>1</sup>**

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Posttraumatic Growth (PTG) – deriving psychological benefits following a potentially traumatic event – has become a topic of increasing interest in the traumatic stress field. Relatively few investigations into the predictors of PTG and the possible association between PTG and posttraumatic stress disorder (PTSD) symptom severity have been conducted. We examined

factors that were related to self-reported PTG, and the relationship between PTG and posttraumatic stress disorder (PTSD) symptom severity immediately following the 2006 Israel-Hezbollah war. Drawing from a national random telephone sample of Israel, 806 terrorism-exposed Israeli adults were interviewed. Results of hierarchical linear regression analyses indicated that PTG was predicted by being female, having lower education, greater income, greater recent terrorism exposure, greater loss of psychological resources, greater social support, and greater self-efficacy. PTG was a consistent predictor of PTSD symptom severity across several hierarchical linear regression models that tested whether demographic, stress, or personal resource variables moderated the relationship between PTG and PTSD symptom severity. PTG did not relate to PTSD symptom severity differently by age, sex, ethnicity, education, religiosity, degree of terrorism exposure, self-efficacy, non-terrorism stressful life events, and loss of psychosocial and economic resources. Findings suggest that PTG was not directly related to well-being for any of these subgroups as prior research has suggested.

### Neural Correlates of Fear Acquisition and Extinction in PTSD: An fMRI Study

(Abstract # 902)

**Poster # S-173** (Bio Med, Clin Res) **Atlanta Ballroom**

**Dent, Mary, PhD<sup>2</sup>; Bremner, J. Douglas, MD<sup>1</sup>**

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Introduction: Posttraumatic stress disorder (PTSD) is associated with considerable morbidity and loss of function. Current models of the pathophysiology of PTSD include alterations in fear related learning. However little is known about brain mechanisms that underlie altered fear learning in PTSD patients. The purpose of this study was to assess brain correlates of fear learning and extinction in PTSD. Methods: Twenty two women with (N=11) and without (N=11) sexual assault related PTSD underwent functional magnetic resonance (fMRI) imaging of the brain during habituation, fear acquisition, and extinction tasks. Results: Women with PTSD showed a failure of amygdala and hippocampal activation with fear acquisition and a failure of anterior cingulate during fear extinction relative to non-PTSD subjects. Conclusions: These findings are consistent with altered neural function during fear acquisition and extinction in PTSD.

### The Role of Childhood Sexual Abuse in PTSD and Marital Satisfaction in Afghanistan/Iraq Veterans

(Abstract # 903)

**Poster # S-174** (Clin Res, Prev El) **Atlanta Ballroom**

**Blais, Rebecca, MS<sup>2</sup>; Renshaw, Keith, PhD<sup>1</sup>; Burton, Steve, BS<sup>2</sup>**

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Childhood sexual abuse (CSA) is a risk factor for later adult psychopathology, including but not limited to posttraumatic stress disorder (PTSD). Similarly, combat exposure is associated with PTSD in military veterans, and PTSD is, in turn, linked with lower marital satisfaction. In this study, we examined CSA in 200 National Guard/Reserve troops who were deployed during Operation Enduring Freedom/Operation Iraqi Freedom to

determine if CSA adds to or moderates (a) the prediction of PTSD symptoms by combat severity and (b) the prediction of marital satisfaction by PTSD symptoms. –PTSD symptoms were assessed specifically in reference to military events. ANOVAs demonstrated that troops with a history of CSA reported lower relationship satisfaction ( $p < .05$ ), but there was no difference in PTSD symptoms reported ( $p = .12$ ). Follow-up analyses demonstrated that CSA predicted PTSD above and beyond combat severity ( $p < .05$ ), and that CSA predicted marital satisfaction above and beyond PTSD symptom severity, indicating that a history of CSA contributes uniquely to distress in these combat veterans. As such, a history of CSA may be one factor that can help identify service members at elevated risk for PTSD and other problems who may benefit from extra military-based PTSD prevention efforts.

### Soldier Expectations of Deployment Experiences in Relation to Post-Deployment PTSD Symptoms

(Abstract # 937)

**Poster # S-175** (Mil Emer, Soc Ethic) **Atlanta Ballroom**

**Rodrigues, Camila, MS<sup>2</sup>; Renshaw, Keith, PhD<sup>1</sup>; Montie, Benjamin<sup>2</sup>**

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Although cognitive theories of posttraumatic stress disorder (PTSD) emphasize the importance of violations of expectations and assumptions after a trauma (e.g., about safety), no one has empirically examined how soldiers' expectations for their deployment might relate to the development of post-deployment PTSD. The current study examined discrepancies in self-reported expectations for and actual experiences of deployment in 194 male soldiers deployed to the Middle East during the OEF/OIF era. Residual differences between expectations and actual experiences of both combat and post-battle experiences were significantly correlated with PTSD symptoms ( $ps \leq .05$ ). Furthermore, expectations of combat and post-battle experiences moderated the association of actual experiences with PTSD ( $ps < .05$ ), such that the association was stronger in those who reported low expectations of combat ( $\pm = 0.51$ ,  $p < .001$ ) and post battle experiences ( $\pm = 0.48$ ,  $p < .001$ ) than those who reported high expectations of combat ( $\pm = 0.23$ ,  $p < .01$ ) and post combat experiences ( $\pm = 0.26$ ,  $p < .001$ ). These findings suggest that soldiers with lower expectations of combat and post-combat experiences may be at higher risk for PTSD symptoms. They also highlight the importance of training soldiers to have accurate expectations for actual deployment conditions.

## Long-Term Psychiatric Outcome After Peacekeeping Deployment: A Systematic Review

(Abstract # 918)

**Poster # S-176** (Mil Emer, Disaster) **Atlanta Ballroom**

**Zvzdic, Asja, MD, PhD, Research Fellow<sup>1</sup>; Fredrik Malt, Ulrik, MD, PhD<sup>2</sup>; Weisaeth, Lars, MD, PhD<sup>3</sup>**

<sup>1</sup>SSHF Arendal, Department of Psychiatry, Arendal, Norway

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<sup>3</sup>University of Oslo, Norwegian Center for Violence and Traumatic Stress, Oslo, Norway

Background: Since 1948 there have been 63 peacekeeping operations throughout the world. Follow-up studies of the soldiers deployed imply considerable psychological distress. However, systematic reviews are lacking including discussing the diagnostic problems of co-morbidity, in particular related to separation of PTSD from mood and somatic disorders. Objectives: Systematic literature search of studies looking at psychiatric and somatic outcome of soldiers deployed in peacekeeping missions. We searched Medline, Embase, PsychInfo and Cochrane Library supplemented by hand search of reference lists of research papers of war and trauma, and reviewing textbooks on military psychiatry and traumatic stress. Results: We found several studies on peacekeepers, mostly retrospective studies, but also 3 important prospective studies and one cohort. Most studies have reported a prevalence of PTSD in the range of 3% to 15% short time after service. Little is known about the long-term psychiatric and somatic outcome after this kind of military service. The diagnostic problems differentiating mood disorders from PTSD was not addressed properly. Conclusion: There is a great variability on assessment methods. No study has investigated prevalence several decades after the service deployment. The need for comprehensive follow-up studies including in depth assessment.

## Assessing Longitudinal Change in the Psychological Functioning of Tibetan Refugees in India

(Abstract # 932)

**Poster # S-177** (Civil Ref, Res Meth) **Atlanta Ballroom**

**Sachs, Emily<sup>2</sup>; Rosenfeld, Barry, PhD<sup>2</sup>; Keller, Allen, MD<sup>1</sup>**

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During 2003-2004, researchers with the Bellevue/NYU Program for Survivors of Torture interviewed 769 Tibetan refugees arriving in Dharamsala, India, prior to their resettlement (Sachs et al., 2008). Rates of trauma exposure were high and significantly associated with psychiatric distress. However, overall distress levels were strikingly low. Coping activity appeared to mediate the effect of trauma exposure on mental health. Eighty-two study participants were re-interviewed 3-7 months after resettlement at a school for refugee adults in Dharamsala. The current study assesses intrasubject change in psychological functioning, i.e., rates and directions of clinically significant change and the relationship between participant characteristics, trauma exposure, and coping behaviors with symptom change. Longitudinal analysis revealed a twofold

increase in clinically significant distress at follow-up. Longer time in exile corresponded with significant distress increases, while active baseline coping appeared to protect against psychological deterioration after resettlement. Trauma exposure did not predict mental health trajectory. These findings support Sachs et al.'s hypothesis of a refugee "honeymoon period" after escape from persecution but prior to resettlement, and justify concern that distress may emerge or increase significantly during the early stages of life in exile.

## Predictors of Resiliency Among Military Medical Personnel

(Abstract # 936)

**Poster # S-178** (Mil Emer, Soc Ethic) **Atlanta Ballroom**

**Cedillos, Elizabeth, BA<sup>4</sup>; Krantz, Lillian, BA<sup>1</sup>; Hatch, John, PhD<sup>4</sup>; Isler, William, PhD<sup>3</sup>; Baker, Monty, PhD<sup>2</sup>**

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Military medical personnel deployed in support of Operation Iraqi Freedom (OIF) are placed in stressful situations and asked to perform their duties under intense circumstances. Some personnel may feel that they are unprepared for situations encounter. The purpose of this study is to identify resiliency factors for posttraumatic stress disorder (PTSD) and its symptoms. The Attitudes and Beliefs questionnaire and the Posttraumatic Stress Disorder Checklist-Military version (PCL-M) were given to 106 Air Force medical personnel who deployed to the Air Force Theater Hospital in Balad, Iraq. Analysis revealed significant negative correlations between the changes in Attitudes and Beliefs total scores as well as Belief in the Mission and Confidence in Preparedness subsections. This suggests that cognitive changes in medical personnel may be predictive of stress related symptoms. Future research should explore this relationship and whether these attitudes and beliefs serve as resiliency factors against the development of stress related symptoms.

## Posttraumatic Stress Symptoms in College Students: Predictors and Psychosocial Outcomes

(Abstract # 1049)

**Poster # S-179** (Assess Dx, Practice) **Atlanta Ballroom**

**Jimenez, Sherlyn, MFA, PhD; Schuster, Jennifer, PhD**

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Prevalence rates for history of lifetime traumatic events among college students have been estimated at 55%-85%. Research suggests that the presence of PTSD in college students is related to a number of negative outcomes, including impaired academic functioning, poorer physical health, and presence of comorbid mental health symptoms. The current study examined levels of posttraumatic stress symptoms in college students (N = 491, 83.7% Caucasian, 303 females, 188 males, mean age 18.9) using the Impact of Event Scale - Revised (IES-R). High scores on the IES-R were significantly correlated with symptoms of depression, anxiety, and perceived stress. Using the cutoff criteria of IES-R > 33, 50.5% reported experiencing significant posttraumatic symptoms. We investigated differences in gender

and psychosocial outcomes. Women were statistically more likely to meet the cutoff criteria than men. Students who met the cutoff criteria were statistically more likely to report sleep problems, poor health, absenteeism, increased health care utilization and social disconnection. Rumination, avoidance and religious coping were found to be statistically significant predictors of trauma symptoms. Notably, of the 248 students who met the cutoff criteria, only 3 (1.2%) endorsed currently seeing a mental health provider or taking medications. Implications of these findings will be discussed.

### Differences in FA Between Combat-Related PTSD and Non-PTSD Veterans With Mild TBI

(Abstract # 1078)

**Poster # S-180** (Bio Med) **Atlanta Ballroom**

Reinhardt, Lindsay; Simmons, Alan, PhD; Strigo, Irina, PhD; Matthews, Scott, MD; O'Connell, Ryan

UCSD, La Jolla, California, USA

Background: Posttraumatic stress disorder (PTSD) is a debilitating neuropsychiatric illness associated with increased mortality and morbidity rates. Military personnel exposed to blasts in combat can incur Traumatic Brain Injury (TBI). These events often carry with them significant emotional stress and can lead to PTSD. Prior studies examining brain morphometry and microstructural integrity suggest that the corpus callosum may be one of the main areas affected by TBI as well as stress. Methods: Combat exposed military veterans with mild TBI (mTBI) from OEF/OIF were recruited to participate in this study. We divided these individuals into two groups: mTBI with current PTSD (mTBI+PTSD) and mTBI without current PTSD (mTBI-PTSD). 61 direction diffusion tensor imaging (DTI) and anatomical T1 MRI were performed on each participant in both groups with 3T GE MRI scanner. Results: Preliminary observations showed significant reductions in fractional anisotropy (FA) within the genu of the corpus callosum in the combat-related mTBI-PTSD compared to the mTBI+PTSD group. Conclusions: Our preliminary findings suggest both protective and deleterious interactions between mTBI and PTSD.

### School Shootings and the Copycat Phenomenon

(Abstract # 955)

**Poster # S-181** (Prev El, Child) **Atlanta Ballroom**

Goldbeck, Lutz, PhD

University Clinic, Ulm, Ulm, Germany

School shootings are a rare events, however their traumatic impact on the survivors and on the whole community is dramatic. It has been suggested that vulnerable individuals might have a risk to imitate the violent template of these events after extensive reporting in the mass media. The case of a 17 year old adolescent who threatens another school shooting via a message in an internet chatroom shortly after a former student had killed 15 people in a school shooting in Winnenden, Southern Germany, raises the question whether appropriate preventive strategies are needed to avoid imitation.

### The Impact of Trial and Court Hearing Within the Asylum Procedure on the Mental Health of Traumatized Torture Victims

(Abstract # 949)

**Poster # S-182** (Civil Ref, Clin Res) **Atlanta Ballroom**

Schock, Katrin<sup>1</sup>; Knaevelsrud, Christine, PhD<sup>1</sup>; Rosner, Rita, PhD<sup>2</sup>

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Objectives: The potentially retraumatizing impact of trials within the context of criminal and asylum law is disputed controversially with little empirical basis (Orth & Maercker, 2004). The aim is to assess the psychological impact of the court hearing within the asylum procedure on the mental health of traumatized refugees. Method: Using a single group pre-post design, 30 refugees with an insecure resident permit status were assessed shortly before and approx. 2 weeks after being interviewed within the court hearing. The measures we applied to assess pre-post differences were PDS and HSCL-25. A modified version of the questionnaire measuring trial variables, like sense of justness and victimization was used additionally. Results: Preliminary analyses indicate a significant increase of intrusions concerning the primary traumatic experience and a significant increase of depressive symptoms. The perceived sense of justness turned out to act as moderator variable. Discussion: The increase of intrusions and depression indicates the distressing potential of court hearings. However an overall retraumatizing impact of trials, defined as an increase of the complete clinical syndrome of PTSD, could not be confirmed. Implications for further research and the definition of the concept of retraumatization are discussed.

### Racial Differences in College Students' Physiological Responses to Traumatic Events

(Abstract # 953)

**Poster # S-183** (Cul Div, Practice) **Atlanta Ballroom**

Tunno, Angela, MS; Moseley, Colby, BA; Lange, Krista; Padgett, Ashley; Fowler, Dennis, BA; Fortson, Beverly, PhD

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In the trauma literature, little attention has been paid to the role of race and ethnicity in trauma symptom presentation, although the rates of trauma exposure are typically equal (or higher) for African Americans. For example, little research has examined whether African Americans and Caucasians differ in their physiological symptoms in response to traumatic events. Approximately 60 undergraduate students, ranging in age from 18 to 22, were recruited to assess racial differences in physiological reactions to traumatic events. Participants completed an assessment of their exposure to 18 traumatic events. Participants then watched a 40-minute video series in which heart rate, skin conductance, and respiration rate were assessed, along with subjective units of distress scale ratings. Racial differences in the physiological reaction to traumatic event exposure between African Americans and Caucasians will be examined using a t-test, while a regression analysis will examine whether prior trauma exposure significantly predicts a heightened physiological response. Based on past literature, we expect differences in physiological reactions to traumatic event exposure among African Americans and Caucasians.

## PTSD and Trauma in Irish Psychiatric Services: A Comparison of an Irish vs. Migrant Sample

(Abstract # 960)

**Poster # S-184** (Assess Dx, Cul Div) **Atlanta Ballroom**

**Kelly, Fiona<sup>1</sup>; Dooley, Barbara, PhD<sup>1</sup>; Hennessy, Eilis, PhD<sup>1</sup>; Kelly, Brendan, MD<sup>2</sup>**

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With the recent growth of in-migration to Ireland, the mental health system faces the challenge of providing services to a growing population of migrants. Migrants, and in particular asylum seekers and refugees, can experience many traumatic events prior to migration, including torture. A key step in developing trauma-focused services for such a population is the assessment of the effects of prior trauma experienced on the migrant service-users' mental health. The present study examines the prevalence rates of lifetime traumatic experiences, PTSD and post-traumatic symptomatology among migrants accessing mental health services in Ireland. A native Irish sample of service-users accessing the same psychiatric services was recruited for comparison purposes. The study comprises an initial needs assessment and a 12-month follow-up study. The instruments used include the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), measures of psychological distress and a traumatic life events assessment. This is the first known Irish study to address an important gap in the literature regarding the trauma prevalence rates and post-traumatic symptomatology in both migrant and Irish psychiatric patient populations in Ireland. This paper will examine the findings in relation to their implications for the development of culturally sensitive trauma-focused mental health services in Ireland.

## Combat Severity Moderates Association of Different Coping Styles With PTSD Severity in OEF/OIF Vets

(Abstract # 983)

**Poster # S-185** (Mil Emer, Disaster) **Atlanta Ballroom**

**Rodrigues, Camila, MS<sup>2</sup>; Renshaw, Keith, PhD<sup>1</sup>**

<sup>1</sup>George Mason University, Fairfax, Virginia, USA

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Problem focused coping (PFC) and emotion focused coping (EFC) are differentially associated with psychological outcomes in military populations (Fairbank et al., 1991). Moreover, Suvak et al. (2002) found a curvilinear relationship between PFC/EFC and life adjustment as a function of combat exposure: at moderate levels of combat, PFC was strongly associated with better adjustment and EFC with poorer adjustment, but at low and high levels, the associations were reversed. The current study is the 1st to examine a possible curvilinear relationship of PFC/EFC with PTSD symptoms in particular, as a function of level of combat exposure. The sample consisted of 140 male National Guard troops deployed to Iraq, Afghanistan, or other areas in the Middle East during the OEF/OIF era. For both PFC and EFC, significant quadratic interactions were detected ( $ps < .05$ ). PFC was more strongly related to higher PTSD symptom severity at low and high levels of combat ( $\beta = 1.03$ ;  $\beta = 1.59$ ) than at moderate levels of combat ( $\beta = -0.28$ ), whereas EFC was more strongly related to

lower PTSD symptom severity at low and high levels of combat ( $\beta = -1.17$ ;  $\beta = -0.20$ ) than at moderate levels of combat ( $\beta = 0.84$ ). These findings suggest that EFC may include better coping strategies for more traumatic combat experiences, whereas PFC may prove more helpful at moderate levels of combat.

## Anger Mediates the Relationship Between PTSD and Marital Satisfaction in National Guard Veterans

(Abstract # 1003)

**Poster # S-186** (Mil Emer, Disaster) **Atlanta Ballroom**

**Rodrigues, Camila, MS<sup>2</sup>; Renshaw, Keith, PhD<sup>1</sup>**

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PTSD has been shown to mediate the association of veterans' combat experiences and marital distress (Galovski & Lyons, 2004). Moreover, anger and aggression associated with PTSD may be particularly tied to such distress. The current study explored whether anger mediates the relationship between PTSD severity and troops' marital distress in 194 male troops deployed to the Middle East during the OEF/OIF era. Troops' anger, PTSD, and marital distress were all significantly correlated with each other, but only PTSD was significantly related to combat exposure ( $ps < .05$ ). Furthermore, veterans' anger partially mediated the relationship of PTSD severity with marital distress ( $t[192] = -3.12$ ,  $p < .01$ ), with PTSD remaining significant (but less so) in that regression ( $\beta = -0.16$ ,  $p < .05$ ). Follow up regressions revealed that anger fully mediated the effect of intrusion and arousal symptoms on marital distress ( $ps < .05$ ), but only partially mediated the effect of avoidance symptoms ( $p < .05$ ). A lot of attention in research has been given to the effect of avoidance symptoms on marital distress. However, these results highlight the fact that intrusion and hyperarousal symptoms may negatively influence marital relationships through the expression of anger, which may need to be assessed in greater depth in standard measures of PTSD.

## Spouses of Combat Veterans: Psychological Distress, Coping Styles, and Perceptions of Veterans' PTSD

(Abstract # 991)

**Poster # S-187** (Mil Emer, Disaster) **Atlanta Ballroom**

**Rodrigues, Camila, MS<sup>2</sup>; Renshaw, Keith, PhD<sup>1</sup>**

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Emotion focused coping (EFC) is typically associated with more psychological distress than problem focused coping (PFC; Blake et al., 1992); however, a curvilinear relationship has been detected in military populations, such that PFC is most adaptive at moderate levels of stress (combat) and EFC is most adaptive at low and high levels (Suvak et al., 2002). No one has yet investigated such a possibility in spouses coping with combat veterans' posttraumatic stress disorder (PTSD) symptoms. The current study examined spouses' psychological distress and coping styles (PFC/EFC) in relation to spouses' perceptions (SP) of veterans' PTSD symptoms as a stressor. The sample consisted of 140 female spouses of troops deployed to the Middle East during the OEF/OIF era. For both PFC and EFC, significant

quadratic interactions were detected ( $ps < .05$ ). Spouses' PFC was more strongly related to higher distress at low and high levels of SP of PTSD ( $\beta=1.4^3$ ;  $\beta=0.74$ ) than at moderate levels ( $\beta=0.00$ ). EFC was more strongly related to lower distress at low and high levels of SP of PTSD ( $\beta=-0.3^7$ ;  $\beta=-0.41$ ) than at moderate levels ( $\beta=0.36$ ). These findings indicate that EFC is linked with lower distress in spouses when they perceive low and high levels of PTSD symptoms in veterans, whereas PFC is linked with lower distress when spouses perceive moderate levels of PTSD symptoms in veterans.

### Prevalence and Violence-Related Correlates of Substance Use in Two National Samples of Adolescents

(Abstract # 956)

**Poster # S-188** (Child, Soc Ethic) **Atlanta Ballroom**

Zajac, Kristyn, MA<sup>1</sup>; Strachan, Martha, PhD; McCart, Michael, PhD<sup>2</sup>; Smith, Daniel, PhD<sup>1</sup>; Saunders, Benjamin, PhD<sup>1</sup>

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Recent large-scale epidemiological studies indicate that adolescent substance use rates are declining. However, it remains important to identify subgroups of youth who may still be at-risk for early use. Numerous studies have identified physical and sexual abuse history and related symptoms of PTSD as risk factors for adolescent substance use. The current study provides a unique opportunity to examine the associations between victimization history, PTSD, and substance abuse in two nationally representative samples of adolescents using the 1995 National Survey of Adolescents (NSA) and the 2005 National Survey of Adolescents-Replication (NSA-R). The samples consisted of 3,906 adolescents from the NSA and 3,614 from the NSA-R, ranging in age from 12 to 17. A structured telephone interview assessed demographic characteristics, victimization, and mental health history. Results revealed significant reductions of 42% in cigarette use and 43% in alcohol use across the ten-year period, although illicit drug use remained stable. Victimization and PTSD history emerged as significant risk factors for substance use in both samples ( $p's < .05$ ). Importantly, despite evidence for declining alcohol use, adolescents with physical abuse or PTSD history were at significantly higher risk for this outcome in 2005 relative to 1995 ( $p's < .05$ ). Implications of these findings are discussed.

### The Diagnostic Feasibility of Criterion A1 and A2 for Predicting PTSD in a Study of Police Officers

(Abstract # 1035)

**Poster # S-189** (Assess Dx, Clin Res) **Atlanta Ballroom**

Henn-Haase, Clare, PsyD<sup>1,2</sup>; Metzler, Thomas, MA<sup>1,2</sup>; Inslicht, Sabra, BA<sup>1,2</sup>; Richards, Anne<sup>1,2</sup>; Marmar, Charles, MD<sup>1,2</sup>

<sup>1</sup>University of California San Francisco, San Francisco, California, USA

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The controversy over the *DSM-IV* definition of Criterion A as necessary for developing subsequent PTSD symptoms lacks empirical research. This study examined the reported "worst critical incident," peritraumatic dissociation and distress, and the subsequent development of symptoms of Acute Stress (ASD) and PTSD in 180 police officers following two years of service. Three

groups were examined: Those with events not meeting Criterion A1 (N=28), those meeting A1 Only (N=122), and those meeting both A1/A2 (N=30). Mean ASD Total scores for the Non-A1, A1-Only, and A1/A2 groups were 25.9 (8.0), 23.2(6.5), and 32.2 (14.1), respectively. A1/A2 differed from the other 2 groups ( $F[1,99]=12.3$ ,  $p<.001$ ), which did not differ from each other ( $F[1,99]=1.6$ ,  $n.s.$ ). Mean PTSD Checklist (PCL) scores were 19.5 (3.9), 19.3 (4.5), and 22.5 (7.7) for the three groups respectively. A1/A2 differed from Non-A1 and A1-Only ( $F[1,117]=7.4$ ,  $p<.01$ ), which did not differ from each other ( $F[1,117]=0.0$ ,  $n.s.$ ). Peritraumatic dissociation (PDEQ) and peritraumatic distress (PDI) showed similar results, with higher symptoms in the A1/A2 group but no differences between A1 and non-A1 groups. These results suggest that the current Criterion A1 classification is not necessary for subsequently developing symptoms of ASD and PTSD; however Criterion A2 is associated with increased symptoms.

### Difficulties in Emotional Regulation and PTS Symptoms in a Chronically Traumatized Population

(Abstract # 994)

**Poster # S-190** (Clin Res, Practice) **Atlanta Ballroom**

Astrachan, Tal, PsyD; Bernardes, Carla, PhD; Mendelsohn, Michaela, PhD; Herman, Judith, MD

*Victims of Violence Program, Cambridge Health Alliance, Cambridge, Massachusetts, USA*

This study examined the relationship between difficulties in emotional regulation and symptoms of posttraumatic stress in a chronically traumatized population. Participants were 192 patients seeking outpatient psychiatric treatment in a specialized program for psychological trauma. Most participants reported multiple types of trauma, including childhood physical and sexual abuse, emotional abuse and domestic violence. Participants completed three self-report measures at treatment intake: the Posttraumatic Stress Diagnostic Scale (PDS), the Beck Depression Inventory (BDI), and the Difficulties in Emotional Regulation Scale (DERS). Significant correlations were found between the PDS and the DERS full scale score, as well as all six DERS subscales. Employment status, BDI score, and DERS score all emerged as significant predictors of level of posttraumatic stress symptomatology. Difficulties in emotional regulation accounted for a significant percentage of the variance in posttraumatic stress symptoms, even after accounting for employment status and level of depressive symptoms. Results suggest that effective treatment for PTSD in a chronically traumatized population should address difficulties in emotional regulation.

### Examination of the Structure of Post Traumatic Stress Symptoms and Disorder

(Abstract # 980)

**Poster # S-191** (Assess Dx, Clin Res) **Atlanta Ballroom**

Saavedra, Lissette, PhD<sup>3</sup>; Morgan-Lopez, Antonio, PhD<sup>2</sup>; Hien, Denise, PhD<sup>1</sup>

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Limited systematic research on potential trauma-related differences in the expression of post traumatic stress disorder

(PTSD) in trauma exposed women with comorbid substance use disorders (SUDs). Few would argue that PTSD symptomatology presentations are complex, multifaceted and rarely homogenous [Breslau et al., 2008; Taylor et al., 1998]. Whether variations in symptom expression or clustering due to type, severity or duration of the trauma can be useful for understanding clinical phenomenology, course and treatment of PTSD. Available research examining the structure of PTSD has not addressed comorbid disorders. The present study will present data on the latent class structure of comorbid PTSD + SUDs in a sample of trauma exposed women who presented to a community mental health setting (n = 353). Latent class analysis will be used to differentiate between pure and mixed classes of PTSD + SUDs. Whether women exposed to trauma can be differentiated into distinct classes either in terms of level of severity (e.g., minimal disturbance, intermediate, and pervasive disturbance) or DSM-criteria is examined. Results will be discussed in terms of improvements in accuracy and conceptualization of multifaceted diagnostic presentations of PTSD and comorbid SUDs. Implications for diagnostic nomenclature and treatment will be discussed.

### Coping Skills in College Students in the Response to Multiple Sources of Stress and Trauma

(Abstract # 1047)

**Poster # S-192** (Child, Prev El) **Atlanta Ballroom**

**Lanham, Courtney, BS; Jacoby, Vanessa, BA; Joseph, Brittany, BS; Barnes, Ashley, BA; Jones, Andrea, BA; Scotti, Joseph, PhD**  
West Virginia University, Morgantown, West Virginia, USA

A wide range of stressors and coping skills have been investigated in relation to academic performance among college students. The vast majority of studies used small samples (under 200) and focused on a limited number of factors. The present study uses a large sample and is comprehensive in the factors measured. A total of 1,200 undergraduate students completed an online survey via a departmental research website with limited access. Students completed measures including: (a) basic demographics and college performance, (b) perceived personal and academic stressors, (c) history of traumatic stressors, (d) time management and satisfaction, (e) exercise-related activities (individual, team sports), (f) psychological symptoms, (g) measures of coping skills, and (h) risky behaviors (substance use, self-injury, unprotected sex). Gender and age (class rank) differences will be reported on core measures. Correlation and regression analyses will show relations among variables, especially college performance and psychological symptoms. Several mediation/moderation models will be presented to understand the relations between multiple stressor types, coping skills and risky behaviors, and outcome measures. The findings will be discussed in the context of early intervention work that can be done on college campuses, as well as the broader context of managing multiple life stressors.

### The Relationship of Ethnicity and Type of Relationship to Dangerousness Scores Among Domestic Violence

(Abstract # 978)

**Poster # S-193** (Commun, Clin Res) **Atlanta Ballroom**

**Balliett, Noelle, BA<sup>1</sup>; Newman, Elana, PhD<sup>1</sup>; Allen, Jennifer, BA<sup>1</sup>; Davis, Joanne, PhD<sup>1</sup>; Bell, Kathy, MS, RN<sup>2</sup>**

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Intimate partner violence (IPV) deleteriously impacts people from all racial and socioeconomic strata. Previous research has supported the use of Campbell's (1987) Danger Assessment (DA) tool to assess risk of domestic homicide among intimate partners, including with minority groups such as African Americans and Latinas (e.g. Walton-Moss, Manganello, Frye, & Campbell, 1995). Additionally, research demonstrates that women murder victims are frequently killed by male partners, ex-partners, or family members. This study examined whether scores on the DA were significantly different 1) among racial/ethnic groups and 2) by relationship type (intimate partner vs. other). Participants were 635 survivors of domestic violence seeking emergency protective orders at a community agency who completed the DA during a forensic examination. Results indicated that DA scores did not differ by ethnic group membership [ $F(5, 610) = 1.26, p = .28$ ]. However, analyses revealed that DA scores among intimate partners ( $M = 18.79, SD = 7.15$ ) were higher than scores among family member and acquaintances,  $M = 14.93, SD = 7.54$  [ $F(1, 634) = 7.75, p < .01$ ]. Findings, implications, limitations, and directions for future research will be discussed.

### Military Sexual Trauma, PTSD and Eating Behavior

(Abstract # 990)

**Poster # S-194** (Mil Emer, Clin Res) **Atlanta Ballroom**

**Harrington, Ellen, PhD; Abramovitz, Sarah, BA; Shipherd, Jillian, PhD**

National Center for PTSD, Boston, Massachusetts, USA

Research has demonstrated that PTSD mediates the association between sexual trauma and eating pathology in women (Holzer et al., 2008). However, this association has not been studied in men or military sexual trauma (MST) survivors. We tested a PTSD mediational model in 352 male and 306 female Marines and former Marines. Among men, MST significantly predicted PTSD symptoms ( $\beta = .46^{***}$ ) and eating in response to trauma ( $\beta = .29^{***}$ ). Once PTSD symptoms were entered into the equation, the association between MST and eating in response to trauma remained statistically significant and was not significantly reduced ( $\beta = .28^{***}$ ; Sobel test statistic = 1.14), suggesting that PTSD does not mediate the relationship between MST and eating in response to trauma in men. Among women, MST significantly predicted PTSD symptoms ( $\beta = .19^{**}$ ) and eating in response to trauma ( $\beta = .30^{***}$ ). However, once PTSD symptoms were entered into the equation, the association between MST and eating in response to trauma was significantly reduced but remained statistically significant ( $\beta = .27^{***}$ ; Sobel = 2.12\*). This suggests that PTSD may partially mediate the relationship between MST and eating in response to trauma for women in this sample. These findings suggest interesting sex differences in how MST and PTSD symptoms influence eating behavior.

**Examining Shame and Guilt in a Sample of Battered Women**

(Abstract # 1023)

**Poster # S-195** (Assess Dx, Res Meth) **Atlanta Ballroom**

Howell, Meagan, MS; Weaver, Terri, PhD

*Saint Louis University, St. Louis, Missouri, USA*

Feelings of shame, guilt, and lack of control have received increased attention in mental health research. Women who are victims of Intimate Partner Violence (IPV) experience a wide array of emotions and stigma associated with their status as "victims," all of which may impact their physical and mental health. A fairly common response to traumatic events such as IPV is for the victim to blame herself and experience feelings of responsibility, shame, and guilt. The current study examines the use of the Experience of Shame Scale (ESS) among a population of 150 battered women residing in Battered Women's Shelters. The relationship between shame and guilt are examined by comparing data from the ESS to responses from the Trauma-Related Guilt Inventory (TRGI) as a means of comparing and contrasting the constructs of shame and guilt.

**Alcohol Use Over Time Among Male and Female Police Recruits**

(Abstract # 1077)

**Poster # S-196** (Mil Emer, Assess Dx) **Atlanta Ballroom**

Waldrop, Angela; Inslicht, Sabra, BA<sup>1</sup>; Richards, Anne<sup>2</sup>; Neylan, Thomas, MD<sup>2</sup>; Marmar, Charles, MD<sup>2</sup>

<sup>1</sup>*UCSF/San Francisco VA Medical Center, San Francisco, California, USA*

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Police officers are at high risk for many negative outcomes associated with the stressful nature of their work. Maladaptive alcohol use is highly comorbid with PTSD, but understudied in police. This study assessed officers at police academy entry (BL), 6 months, and 12 months. Mean number of drinks per day increased from BL to 6M and BL to 12M ( $p$ 's < .01). The typical number of drinks consumed per day increased from BL to 6M and BL to 12M ( $p$ 's < .01). The percentage of men who engaged in binge drinking increased from BL (9.8%) to 6M (11.8%;  $p$  < .001), then dropped slightly from 6M to 12M (10.5%;  $p$  < .001), but did not return to baseline levels ( $p$  > .05). The percentage of women who engaged in binge drinking increased from BL (2.4%) to 6M (4.8%;  $p$  = .048). Binge drinking rates among women did not increase significantly from BL to 12M (11.1%;  $p$  > .05) or from 6M to 12M ( $p$  > .05). Overall, reported alcohol use was low and scores on the Michigan Alcohol Screening Test were unremarkable. Results will be discussed in light of social desirability scores and associations with critical incident exposure.

**Mental Health in High-Risk Adoptees: An Examination of Potential Risk Factors**

(Abstract # 1018)

**Poster # S-197** (Child, Soc Ethic) **Atlanta Ballroom**

Henrie, Joye, BS; Burleson, Karin, BA; Faith, Melissa, MA; Lawson, Jonathan; Murphy, Mallory

*University of Arkansas, Fayetteville, Arkansas, USA*

A 50 question survey was sent to 4 groups of adoptive parents regarding their adoptive child. The responding sample (N = 27) included children adopted from .58-11 years of age (M = 5.61) with current ages ranging from 5-21 years (M = 11.62). The majority of the children were adopted from foster care, but the sample also represented privately adopted children. The first 15 questions were background questions. The DSM-IV-TR guided the formation of 35 symptom questions from clusters of mental health disorders. Just over 83% of respondents endorsed symptoms of Reactive Attachment Disorder in their child, 72% endorsed Borderline Personality Disorder, 40.6% Conduct Disorder, 89% Anti-Social Personality Disorder, 85.25% Narcissistic Personality Disorder, and 75.6% Histrionic Personality Disorder. The children received 109 professional diagnoses of mental disorders and 97 unique occurrences of new medication prescriptions spanning 28 different psychotropic drugs. Data will be analyzed to look at how different forms of past abuse (physical abuse, sexual abuse, and/or neglect) correlate with the above symptom clusters. The authors will also examine how well the numbers of placements prior to adoption and/or age at adoption predict the clusters of symptoms &/or incidences of residential placements.

**Subtypes of PTSD in Adolescents Using the SWAP-IIA**

(Abstract # 1017)

**Poster # S-198** (Assess Dx, Child) **Atlanta Ballroom**

Russ, Eric, MA; Vitale, Irene; Brand, Sarah, MA; Gapen, Mark, PhD; Bradley, Bekh, PhD

*Emory University, Atlanta, Georgia, USA*

In the last several years, there has been increasing attention to the question of whether subtypes of PTSD can be used to better understand heterogenous symptom presentation in PTSD. Several studies have used personality traits to attempt to organize this heterogeneity. However, these studies have almost all relied on adult samples and self-report personality questionnaires. The current study differs from previous approaches by using a sample of adolescents with PTSD and using clinician report data. The study draws from a random national sample of psychiatrists and psychologists who described a patient in treatment using the Shedler-Westen Assessment Procedure, Adolescent, 2nd edition (SWAP-IIA), a clinical report Q-sort measure of personality pathology in addition to other clinician report measures. Data were collected on 950 adolescents, 114 of whom were diagnosed by their clinician with PTSD. To derive subtypes, Q-factor analysis (conventional factor analysis applied to a rotated matrix) was applied to the SWAP data. A 4 factor solution provided the clearest solution, with the first 3 factor interpretable and the 4th factor discarded. These three subtypes were labeled emotionally dysregulated, internalizing, and high functioning. Implications for etiology and treatment will be discussed.

## Culture Influences Perceptions of Mental Health, So One Size Doesn't Fit All

(Abstract # 570)

**Poster # S-199** (Cul Div, Res Meth) **Atlanta Ballroom**

**Shakespeare-Finch, Jane, PhD**

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

To assume that measures created and normed in a western culture can be readily applied across cultural contexts and automatically retain validity is fundamentally flawed. This paper describes ways in which the author and others have conducted research with a variety of different cultural groups in order to ascertain how trauma and traumatic reactions may be similar and may differ. It is theoretically based in a social constructionist perspective where culture, along with other environmental influences, impact on the way people think and make sense of trauma. For example, in mainstream essentially western cultures such as the US, UK, Europe and Australia, hearing voices of the dead is associated with hallucinations whereas in Aboriginal Australian culture it may simply imply a conversation with ancestors which may be persecutory but may also be normal and comforting. Expressions of posttraumatic growth across cultural context can also differ. For example, in participants from Sudan we have learned that strength is not viewed as a result of trauma, but as a reason for survival in the first place. Implications for future classification indices and the way they are used are discussed as well as implications for practice.

## Listening for Agency in Sexual Trauma: What We Can Learn From Women of the Holocaust

(Abstract # 1036)

**Poster # S-200** (Civil Ref, Res Meth) **Atlanta Ballroom**

**Price, Laura, MA; Suzuki, Lisa, PhD; Medina, Jennifer, BA; Papazoglou, Konstantinos, BA**

*New York University, New York, USA*

Much has been written about the effects of sexual trauma on women. Less explored in the literature are the ways women have maintained – or regained -- a sense of control over their lives and bodies in spite of harrowing circumstances. For women Holocaust survivors faced with the daily reality of death by disease, starvation, or execution during the war, the fight for life also often meant navigating the consequences of liberation – the persistent threat of rape by Russian soldiers. How did women survivors of the Holocaust maintain hope through agency? What were the critical relationships – with others, self, spirituality, etc. – that allowed them to rebuild their lives after the war? What can we learn from them to better recognize the intricate relationship between the personal triumphs and struggles of the current generation of sexual trauma survivors? Now in their 70s and 80s, several women of the Holocaust are exploring the meaning of their experiences in extensive interviews, which will be compared with the results of interviews with two rape survivors in their 30s and 40s. By employing the Listening Guide method, a qualitative analysis that requires repeated listening of a narrative to unearth layers meaning through detection of subtleties and contradictions, we are able to hear two generations of voices as never before – in a complex wending of fear, grief, perseverance and courage.

## Telemental Health and CPT Groups for Rural Combat Veterans With PTSD: Preliminary Findings

(Abstract # 1055)

**Poster # S-201** (Clin Res, Cul Div) **Atlanta Ballroom**

**Hynes, Annada, PsyD<sup>2</sup>; Slade, Karstin, PhD<sup>2</sup>; Morgan, Travis, PsyD<sup>2</sup>; Chard, Kathleen, PhD<sup>1</sup>; Grubbs, Kathleen, PhD<sup>1</sup>; Morland, Leslie, PsyD<sup>2</sup>;**

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<sup>2</sup>National Center for PTSD, Honolulu, Hawaii, USA

Many military troops with PTSD reside in rural and remote areas where access to care can be limited. Thus, it is critical to identify ways to increase access to effective PTSD treatments for this population. Preliminary pilot data from a large ongoing prospective randomized telemental health study that is examining the efficacy of conducting Cognitive Processing Therapy (CPT) in a group format over video teleconferencing (VTC) on clinical and process outcomes will be presented. A total of 18 combat veterans were assessed at baseline to participate in a pilot cohort for this study. Of these veterans, 13 met study criteria and were randomly assigned to either the experimental (VTC) condition (N=6) or the control (in-person) condition (N=7). Preliminary data supports the feasibility of conducting CPT group over the VTC modality. Overall attrition was 15%, with one participant from each condition not completing the protocol. Participant satisfaction was high in both conditions. Although the N=13 for the pilot group is too small to conduct meaningful quantitative analyses, overall feasibility, including low attrition and high satisfaction, were established. In addition, qualitative observations and lessons learned from this pilot cohort were explored. Lessons learned from this pilot group resulted in modifications to the implementation of our protocol, including modifying some of the procedures, adding a co-therapist and orientation session, increasing compliance around practice assignments, and other pertinent modifications. Changes were established to enhance the CPT treatment compliance and effectiveness when delivered in a group modality via VTC with a rural ethnically diverse population.

## Psychophysiological Alterations Following Treatment for PTSD

(Abstract # 1029)

**Poster # S-203** (Bio Med, Clin Res) **Atlanta Ballroom**

**Griffin, Michael, PhD<sup>2</sup>; Resick, Patricia, PhD<sup>1,3</sup>; Galovski, Tara, PhD<sup>1</sup>**

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

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<sup>3</sup>Boston University, Boston, Massachusetts, USA

Cognitive Processing Therapy (CPT) has demonstrated efficacy for the treatment of PTSD in several clinical trials. However, there is little information about changes in physiological responses as a result of successful treatment. Data will be presented from a CPT treatment dismantling study with rape and physical assault victims. We have psychophysiological data on 74 women at pre and posttreatment. Participants heart rate and skin conductance were assessed in a scripted-imagery paradigm and heart rate and eye-blink electromyogram activity were collected in an auditory startle paradigm. Treatment was successful for

53 of 74 women (72% treatment responders) and unsuccessful for 21 women (28% treatment non-responders). The responders and non-responders were not significantly different from each other at pretreatment on the main clinical and physiological variables. The treatment responders showed a significant reduction in startle-related EMG and HR responses from pre- to posttreatment ( $F=4.8$  and  $4.1$ ,  $p<.05$ , respectively). Analyses of the scripted imagery paradigm indicated significant reductions in physiological arousal during trauma-related scripts for the treatment responders ( $F=8.9$ ,  $P<.01$ ) but not the non-responders. Findings will be discussed in terms of the significance of biological measures as indicators of treatment outcome.

**Does Sexual Abuse Disclosure Predict Sexual Behavior Problems in Sexually Abused Children?**

(Abstract # 1050)

**Poster # S-204** (Child, Prev El) **Atlanta Ballroom**

Falki, Marielle, MA; Bishop, Nicholas, Undergraduate; Louis, Danielle, Undergraduate; Wilcox, Natalie, PhD  
University of Missouri, St Louis, Missouri, USA

Research has shown that sexually abused children can exhibit sexual behavior problems (Friedrich & Luecke, 1988). Research on typologies demonstrated that a variety of external factors can affect the presence and severity of the sexual behaviors (Hall, Mathews, & Pearce, 2002). However, no research to date has looked at how children with sexual behavior problems (CSBP) who disclose sexual abuse vary on their scores on the sexual behavior inventory (CSBI) and its subscales (Sexual Abuse Specific Items, SASI; Developmentally Related Sexual Behaviors, DRSB) compared with sexually abused children who did not disclose the sexual abuse. The present study uses manova analyses to compare scores on the CSBI and its subscales on a sample of 3-to-12-year-old sexually abused children (N = 153) and found that children who disclosed sexual abuse have a greater number of sexual behavior problems than those who did not disclose ( $F(3, 147) = 4.69$ ,  $p < .01$ ). A similar trend was found for SASI and DRSB subscales. It is possible that children with a greater number of sexual behavior problems may be noticed and thus questioned about possible sexual abuse. Such questioning may increase the chance of disclosing sexual abuse, which children are often reluctant to do.

**Case Management as a Strategy to Mitigate Secondary Trauma**

(Abstract # 1063)

**Poster # S-206** (Commun, Practice) **Atlanta Ballroom**

Bloeser, Katharine, LICSW  
Washington, DC VAMC, Washington, District of Columbia, USA

Trauma as an organizational diagnostic criteria has been supported in the literature. This paper discusses a specific example of a traumatized organization and how introduction of case management services can help to mitigate the effects of secondary trauma and thus can impact organizational diagnosis. Organizational traits can foster burnout in the clinician and frustration and treatment non-adherence in the client. This burnout then permeates into the organization, creating a long legacy of frustration. Closed boundaries, enmeshed relationships among colleagues, infectious anxiety, and loss of hope all stem

from the experience of the therapist and client. These are all cultivated through sometimes necessary bureaucratic structures. Case management can not only assist the therapist in effectively supplementing treatment but can also mitigate burnout among therapists. This paper uses the literature on trauma and organizational behavior to support interdisciplinary treatment teams that include case managers or treatment teams that lessen case loads and add case management responsibilities. It supports the hiring of or integrating duties of case managers can help with retaining, treating, and tracking individuals seeking mental health care.

**Challenges to Engaging Black Male Victims of Community Violence in Healthcare Research**

(Abstract # 1064)

**Poster # S-207** (Cul Div, Res Meth) **Atlanta Ballroom**

Liebschutz, Jane<sup>2</sup>; Schwartz, Sonia<sup>1</sup>; James, Thea<sup>1</sup>; Hoyte, Joel<sup>1</sup>; Conoscenti, Lauren, PhD<sup>1</sup>; Johnson, Renee<sup>1</sup>  
<sup>1</sup>Boston University Medical Center, Boston, Massachusetts, USA  
<sup>2</sup>National Center for PTSD/Boston VA Medical Center, Wilmington, Massachusetts, USA

We used qualitative data from a cross-sectional interview study and a pilot intervention study to identify challenges to conducting intervention research with black male victims of community violence. We used Grounded Theory methods to analyze qualitative interviews of 16 black males, ages 25-38 with history of gunshot or stabbing. We analyzed ethnographic field notes of research processes of a pilot intervention study of primary care and psychotherapy among 11 black males ages 18-42 hospitalized for gunshot or stab wound. Challenges to research centered on mistrust of the research process in several contexts, including fear of police involvement, an impression of "snitching" when revealing personal information, and suspicion of the informed consent process. Other challenges included the acute dissociative experiences of the trauma itself as well as logistical barriers. Facilitators to research included monetary incentives, motivation to help oneself and peer recruitment approach. Recruiting black males for research in the aftermath of trauma is impeded by the context of the street culture, leading to lack of trust in institutions and fear of police involvement in addition to the acute dissociative experiences after trauma. Efforts to engaging this population should include culturally concordant research team members and approaches.

**Community Violence, Forgiveness, and Posttraumatic Stress Disorder Among Salvadoran Teachers**

(Abstract # 1073)

**Poster # S-208** (Civil Ref) **Atlanta Ballroom**

Potts, Amy<sup>2</sup>; Rojas-Flores, Lisseth, PhD<sup>1</sup>; Blair, Robin, MS, MA<sup>1,3</sup>; Putman, Katharine, PhD<sup>1</sup>; Herrera, Sofia, PhD<sup>1</sup>; Foy, David, PhD  
<sup>1</sup>Fuller Graduate School of Psychology, Pasadena, California, USA  
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<sup>3</sup>Pepperdine University, Encino, California, USA

Research indicates that exposure to violence and the subsequent development of PTSD are significant threats to vulnerable populations who live and work in high-conflict areas. As a result of both the 12-year civil war and its aftermath, Salvadorans

have experienced residual community violence and trauma in multiple contexts. Due to literature that suggests significant relationships between war-related trauma and PTSD severity, it is increasingly important to study experiences of, and reactions to, trauma exposure in post-conflict settings. There is currently a paucity of literature on cultural expressions of PTSD and its association to community violence as it relates specifically to Central American populations. For this study a survey was conducted among 193 Salvadoran teachers and administrators to explore the relationships among exposure to community violence (CV), forgiveness, and Posttraumatic Stress Disorder (PTSD). A multiple hierarchical regression was conducted and initial hypotheses were upheld. Findings indicated that exposure to community violence was significantly and positively correlated to PTSD ( $\beta = .121, p > .05$ ). In contrast, forgiveness was found to be significantly and negatively correlated to PTSD ( $\beta = -.542, p > .01$ ). Implications for caregivers in similar settings, as well as significant findings, will be discussed.

### Stress-Sensitive Illness in National Guard Troops following OEF/OIF Deployment

(Abstract # 1076)

**Poster # S-209 (Mil Emer, Assess Dx) Atlanta Ballroom**

Chandler, Helena K., PhD<sup>1</sup>; Ciccone, Donald S., PhD<sup>2</sup>; Kline, Anna, PhD<sup>1,2</sup>

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<sup>2</sup>UMDNJ-Robert Wood Johnson Medical School, New Brunswick, New Jersey, USA

Clinical and population studies have found that the co-occurrence of somatic symptoms and psychiatric diagnoses is common. The objectives of the current study are to determine the psychiatric consequences of war-related trauma exposure, with a focus on rates of PTSD, depression, substance abuse and somatic symptoms. National Guard troops who had previously been deployed to Iraq or Afghanistan (N=292) were screened for level of combat exposure, psychiatric disorders, somatic symptoms prior to redeployment. A linear relationship between combat exposure and increased risk of PTSD, substance abuse, depression, and somatic symptoms was observed. The results indicate that there may be a shared underlying pathognomic etiology among these disorders. We tested the hypothesis that PTSD would mediate the relationships between combat exposure and substance abuse or somatic symptoms and found that PTSD is a partial mediator but does not fully explain these relationships. The findings suggest that there is a range of stress-sensitive outcomes that should be considered following combat exposure. Somatic complaints, in particular, are often overlooked as in screening for post-traumatic symptoms and should be added to standard screening protocols.

### A Prospective Study on Resilient Factors of Posttraumatic Stress Disorder in Police Officers

(Abstract # 1083)

**Poster # S-210 (Prev El, Practice) Atlanta Ballroom**

Yuan, Chengmei; Wang, Zhen, MD; Inslicht, Sabra, BA; McCaslin, Shannon, PhD; Metzler, Thomas, MA; Marmar, Charles, MD

University of CA San Francisco SFVAMC, San Francisco, California, USA

Although they are frequently exposed to potentially traumatic situations, the majority of police officers are resilient while only a minority will develop Posttraumatic Stress Disorder. However, there is a relative lack of research identifying factors which contribute to resilience. In the present prospective study, 239 police officers were assessed during academy training and again following two years of police service. Better social adjustment, higher self-worth and greater benevolence of the world during academy training were associated with lower PTSD symptoms at two years. These variables were then entered into a hierarchical linear regression. Benevolence of the world and social adjustment at baseline were the only baseline variables which remained significantly predictive of PTSD symptoms at two years. These results indicate that positive world assumptions and good social adjustment function at baseline can protect police officers from PTSD.

### Phase II of the Development of the Meaning Self-Efficacy Scale

(Abstract # 880)

**Poster # S-211 (Clin Res, Prev El) Atlanta Ballroom**

Waldrep, Edward, BA; Hughes, Joel, PhD

Kent University, Kent, Ohio, USA

The original Meaning Self-Efficacy (MSE) scale was developed to investigate trauma survivors' perceived ability to generate meaning following a trauma and their subsequent distress. The MSE scale was reduced from 18 items to 9 items that accounted for the most variance through factor analysis and theory. The scale was then analyzed with data collected from 291 undergraduate participants that indicated experience of a traumatic event. The participants completed an online survey provided through the university's online research site. The MSE scale together these findings indicate that the MSE scale is performing in a manner for which it was intended. Further research is needed to investigate the scale's validity with a population experiencing hiports a high level of internal consistency with a Cronbach's alpha of .90. Factor analysis of the scale confirms that there is one factor that is accounting for 57 percent of the variance associate with the scale. The scale is positively related to factors associated with less posttraumatic distress (Coping Self-Efficacy,  $r = .56, p < .01$ ; Social Support,  $r = .32, p < .01$ ) and negatively related to posttraumatic distress (Posttraumatic Check List-C,  $r = -.18, p < .01$ ). Togher levels of posttraumatic distress.

## The Prevalence and Risk Factors of PTSD Among Rescue Workers: Meta-Analysis and Meta-Regression

(Abstract # 802)

**Poster # S-212** (Mil Emer, Disaster) **Atlanta Ballroom**

Berger, William, MD<sup>1</sup>; Figueira, Ivan, MD<sup>1</sup>; Mendlowicz, Mauro, MD<sup>2</sup>; Portella, Carla, MD<sup>1</sup>

<sup>1</sup>University Federal Do Rio De Janeiro, Rio de Janeiro, Brazil

<sup>2</sup>Universidade Federal Fluminense, Niteroi, Rio de Janeiro, Brazil

Objectives: The world-wide PTSD prevalence among rescue workers are highly heterogeneous. The objectives of this study are: 1) estimate the world-wide pooled prevalence of PTSD among rescue workers, 2) determine the variables implicated in these prevalences. Method: A systematic review covering studies reporting PTSD prevalence in rescue teams published until September 2008 was conducted through searches in the ISI/Web of Science, PubMed and PLOTS databases. Prevalence data were pooled using random effects model. Multivariate meta-regression models were fitted to evaluate the contribution of each variables to the prevalences. Results: Sixty-three articles were selected. The pooled PTSD prevalence among rescue workers was 11.7%. Ambulance personnel presented the highest prevalence. The prevalence for studies using self-reported instruments was almost twice that of those employing interviews. When prevalences were stratified by the number of symptom clusters assessed, studies using instruments evaluating the three standard PTSD clusters showed lower estimates than those that didn't. Studies with rescuers who were exposed to natural disasters reported higher prevalence than those with rescuers deployed to human made disasters and those without an index event. Only number of PTSD clusters assessed by instrument, occupation and type of disaster were maintained in the final model.

## Executive Function, Coping, and Childhood Trauma in Borderline Personality Disorder

(Abstract # 1004)

**Poster # S-213** (Assess Dx, Clin Res) **Atlanta Ballroom**

Grassi-Oliveira, Rodrigo, MD, PhD; Dornelles, Vinicius, MS; Lima, Pedro, MD, PhD; Kristensen, Christian, MS, PhD

Pontifical Catholic University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil

We evaluated the association between executive function, coping strategies and childhood maltreatment in Borderline Personality Disorder (BPD) patients. We examined associations among several domains of executive function (working memory, behavioral inhibition, cognitive flexibility - including emotional Stroop test - and self-monitoring), coping, and self-report childhood abuse and neglect in 21 BPD patients (19-57 years-old). Preliminary data indicate a positive association between problem-solving coping strategies and executive functioning, supporting the hypothesis that performance on executive function measures is associated with strategies used to cope with stress. Childhood abuse and neglect seems to contribute to such executive dysfunction. Although preliminary, our data suggest that executive function impairment may be associated with difficulties in coping and emotion regulation in BPD.

## The Influence of Childhood Trauma History on Perinatal Exposures and Pregnancy Outcomes

(Abstract # 962)

**Poster # S-214** (Bio Med, Prev El) **Atlanta Ballroom**

Weiss, Tamara, MD; Newport, D. Jeffrey, MD; Bradley, Bekh, PhD<sup>1</sup>; Ressler, Kerry, MD, PhD

Emory University, Atlanta, Georgia, USA

Adverse sequelae of child abuse can extend to offspring of traumatized individuals. Disrupted perinatal development may be one mechanism for intergenerational transmission of trauma related disorders. We examined the effects of maternal history of childhood sexual, physical, and emotional abuse on pregnancy exposures and outcome in 304 women with depressive disorder followed prospectively through pregnancy and delivery. Women with two or more types of abuse were more likely to have an unplanned pregnancy, be depressed during pregnancy, and take mood stabilizers. Exposure to alcohol, hypnotics, and anxiolytics was similar for the trauma cohort and the non-abused control group overall, but third trimester exposure was much greater for women with prior sexual abuse. After taking into account the possible confounding effects of depression, medication exposure, substance use, and other risk factors for poor pregnancy outcome, child abuse history was significantly associated with neonatal respiratory distress [OR 26.9 CI [2.5-292.0]], and severe abuse history was associated with increased risk of emergency c-section [OR 7.4, CI [1.4 - 38.6]]. Results suggest that maternal trauma history may impact prenatal development and pregnancy outcome through mechanisms other than common risk behaviors and exposures. Implications for perinatal management will be addressed.

## PTSD and Chronic Pain: Support for the Mutual Maintenance Theory

(Abstract # 926)

**Poster # S-215** (Clin Res, Practice) **Atlanta Ballroom**

Liedl, Alexandra<sup>1,2</sup>; O'Donnell, Meaghan, PhD<sup>3,4,5</sup>; Creamer, Mark, PhD<sup>3,4</sup>; Silove, Derrick, PhD<sup>6</sup>; McFarlane, Alexander, PhD, MBBS,FRANZCP<sup>7</sup>; Knaevelsrud, Christine, PhD<sup>1</sup>; Bryant, Richard, PhD<sup>6</sup>

<sup>1</sup>Treatment Center for Torture Victims, Berlin, Germany

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<sup>6</sup>University of New South Wales, Sydney, Australia

<sup>7</sup>The Centre of Military and Veterans' Health, Adelaide, Australia

<sup>8</sup>Free University of Berlin, Berlin, Germany

Objective There are several theoretical models that provide hypotheses about the relationship between posttraumatic stress disorder (PTSD) and chronic pain, which are often comorbid. But many mechanisms underpinning the relationship remain untested. The aim of this study was to investigate the mutual maintenance mechanisms between PTSD symptom clusters and chronic pain. Method In a longitudinal study, 824 injury patients were assessed within one week, at 3 months and 12 months post injury. Pain was measured with a 100mm Visual Analogue Scale. The PTSD symptoms were assessed with the Clinical Administered PTSD Scale. Structural Equation Modelling was

used to identify causal relationships between pain and PTSD. Results Two sets of pathways supported the mutual maintenance theory. We found that arousal played a key causal role in the development and persistence of pain over time. Furthermore pain mediated the relationship between acute PTSD symptom clusters and 12-month PTSD symptom clusters. The final model showed a good fit (Chi Square = 16.97,  $p > .05$ , CFI = .999, RMSEA = .022). Conclusion Our findings provide evidence of mutual maintenance between pain and PTSD. We will discuss the results in the context of implications for clinical work and for future research.

### **Child Abuse, Post Traumatic Stress Disorder, and Suicidality in an Urban Population**

(Abstract # 974)

**Poster # S-217** (Child, Cul Div)

**Atlanta Ballroom**

**Crowe, Betsy, BS; Ressler, Kerry, MD, PhD; Bradley, Bekh, PhD; Keifer, Orion, MS**

*Emory University, Atlanta, Georgia, USA*

Research examining the relationship between Post Traumatic Stress Disorder (PTSD) and suicidality, and PTSD and childhood abuse, has found positive correlations. However, past research on the PTSD-suicide link has largely examined non-civilian PTSD, and that with civilians has not included child abuse as trauma. This study examined the interaction between child abuse, suicide, and PTSD. Participants were recruited from the primary care and OB-GYN waiting rooms at Grady Memorial Hospital in Atlanta, which serves predominantly impoverished African-Americans, as part of an NIH-funded study examining risk factors for PTSD. Participants (N=1817) were queried about childhood traumas (Childhood Trauma Questionnaire), PTSD symptoms (Modified PTSD Symptom Scale), and suicidality (Suicide and Self Harm Scale, Beck Depression Inventory, and Emotional Dysregulation Scale). PTSD diagnosis was found to significantly predict ( $p < .001$ ) suicidality. Additionally, presence of childhood abuse significantly predicted ( $p < .001$ ) suicidality. Linear regression demonstrated that child abuse and diagnosis of PTSD independently ( $p < .001$ ) and additively ( $p < .001$ ) predicted risk for suicidal thoughts and history of attempts. These findings reiterate the relationship between childhood abuse, PTSD, and suicidality, and suggest that suicidality among African Americans is similar to other populations.

### **Implementation of a Training Plan for Clinicians Learning TF-CBT**

(Abstract # 867)

**Poster # S-218** (Practice, Child)

**Atlanta Ballroom**

**Blacklaw, Cynthia, MS<sup>1</sup>; Stone, Kelly, PhD<sup>1</sup>; Vergon, Keren, PhD<sup>2</sup>**

<sup>1</sup>*Childrens Home Society of Florida, Pensacola, Florida, USA*

<sup>2</sup>*University of South Florida, Tampa, Florida, USA*

This poster presentation describes the development and implementation of a training plan for new clinicians for ensuring the sustainability and fidelity of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) at Children's Home Society of Florida. Children's Home Society of Florida, partnered with the University of South Florida, is a member of the National Child Traumatic Stress Network. This partnership created the Trauma Recovery Initiative (TRI) Center, which provides TF-CBT to youth ages 10-14 in or at-risk of entering the child welfare system in the four counties of northwest Florida. The project will

provide TF-CBT to at least 105 youth over the life of the current demonstration grant, and will extend this treatment to other children for whom it is assessed to be appropriate. This poster reviews the components of TF-CBT, and outlines an orientation and training model for clinicians that encompasses multiple elements including on-line instruction, reading assignments, classroom presentations, individual and group supervision, and shadowing an experienced peer. This poster also presents a multi-dimensional plan for training clinical supervisors to ensure that the TF-CBT model is implemented with fidelity. The plan includes instruction, expert consultation, shadowing, and use of a fidelity checklist in clinical supervision.

### **Addressing Traumatic Stress Among Native American Youth: A Focus on Historical Trauma and Healing**

(Abstract # 963)

**Poster # S-219** (Cul Div, Clin Res)

**Atlanta Ballroom**

**Goodkind, Jessica, PhD; Gorman, Beverly, MSW; Hess, Julia, PhD; LaNoue, Marianna, PhD; Freeland, Lance, BS; Lee, Christopher, BS; Freund, Rachel, MA**

*University of New Mexico, Albuquerque, New Mexico, USA*

Research indicates that trauma experienced by American Indian and Alaska Native (AI/AN) youth is widespread and not limited to single events and that PTSD does not fully represent the impact of the multigenerational trauma experienced by AI/AN communities. Although there is variability across AI/AN tribes and nations, historical trauma and healing are frequently emphasized concepts within many AI/AN communities. Rather than centering on the individual, these collective and multi-layered concepts seek to recognize the root sociopolitical causes of suffering while also focusing on strengths and potential for transformation. THRIVE (Teen Health Resiliency Intervention for Violence Exposure) is a community-based participatory research study designed to promote the mental health and well-being of AI youth by understanding the impact of historical trauma, promoting healing, addressing traumatic stress, and preventing violence exposure. THRIVE involves two components: 1) adaptation of the evidence-based Cognitive Behavioral Intervention for Trauma in Schools for AI youth; and 2) development of a community-based prevention intervention with AI families to address chronic and historical trauma. We will present the intervention models and implementation processes and results, as well as discuss implications for conceptualizing, preventing, and treating traumatic stress among AI/AN youth.

**Recognizing the Risk: Substance Abuse and Sexual Assault Among Ethnic Minority Women**

(Abstract # 997)

**Poster # S-220** (Cul Div, Practice) **Atlanta Ballroom**

Smith, Kimberly, MPH, MA; Tillman, Shaquita; Bryant-Davis, Thema, PhD; Marks, Allison, PhD

*Pepperdine University, Los Angeles, California, USA*

Female ethnic minority survivors of sexual assault consistently report higher rates of use and abuse of substances, including marijuana, crack cocaine and alcohol as compared to women without a trauma history. A history of repeated sexual assaults potentiates post trauma symptoms and increases the likelihood of substance abuse. Specifically, substance use may be an effort to impede recollections of sexual assault; additionally substance abuse may be an attempt to reduce generalized anxiety, depression, Post Traumatic Stress Disorder and other mental health disorders. The purpose of this critical review of the literature is to expand knowledge about the role of sexual assault in ethnic minority women’s mental health by describing the risk factors for substance abuse and co-morbid mental health disorders resulting from sexual assault. Sociocultural considerations, policy implications, and psychotherapeutic indicators are provided to give voice to this population of women confronting the aftermath of sexual assault.

**Latina/o Survivors of Domestic Violence: Reconceptualizing Post-Traumatic Adjustment**

(Abstract # 1096)

**Poster # S-222** (Commun, Cul Div) **Atlanta Ballroom**

Perilla, Julia, PhD

*Georgia State University, Atlanta, Georgia, USA*

Current literature suggests that Latino families experience domestic violence at approximately the same rates as other groups in the United States and that this violence may have both universal and culture-specific elements. As a result, conceptualizations and interventions with Latina survivors and their children must use frameworks that take an ecological approach that encompasses the complex reality of their everyday lives. This paper will give an overview of the philosophical, theoretical, and applied strategies used by Caminar Latino, a community-based, culture-specific comprehensive intervention for immigrant Latino families affected by domestic violence in Atlanta, Georgia. Specifically, the presentation will discuss innovative approaches such as the use of *concientizacion* (critical consciousness) as an intervention strategy with Latina survivors and participatory action research with youth as a means to access resilience among adolescent witnesses. The presentation will conclude with a discussion of the effects of multiple traumas in the lives of Latina survivors of domestic violence and potential strategies for addressing their mental health needs in a culturally appropriate manner.

**Ground Zero Latino Immigrant Clean Up Workers: The Impact of Trauma on Families and Children**

(Abstract # 1097)

**Poster # S-223** (Cul Div, Child) **Atlanta Ballroom**

Poehnitzch, Katzka; Rodriguez, Raymond, LMSW; Weed, Rosa, LCSW, CASAC

*Integral Enrichment Servi, Woodside, New York, USA*

A focus group of mental health providers formed to explore the unique treatment needs Latino immigrant workers and volunteers that performed clean up work at Ground Zero/World Trade Center. Workers were exposed to environmental toxins, chaos, physical danger, and in many cases, they witnessed, or they themselves recovered human remains. The result of these experiences has been PTSD-like symptomatology that for many immigrants has gone undetected until recently when their lives became impaired. Studies demonstrate children exposed to the events of 9/11, suffered chronic nightmares, anxiety and behavioral health problems. Many children of WTC clean up workers witnessed their parents denied assistance, fear deportation, developed their own trauma and a lack of safety in their environment. Psychosocial stressors impacting treatment are multiple layers of financial, housing and legal difficulties as a result of the primary caretaker’s loss of ability to work. Clinical case study demonstrates the impact of PTSD on Latino workers families, increase isolation, and how their children have, developed emotionally-based behavioral symptoms as a result of the environmental disruption. Culturally sensitive family interventions effectively addresses multiple familial losses that are essential in order to facilitate a process of rebuilding a narrative of hope in their future.

**Sudanese Refugees in Cairo, Egypt: A Randomized Controlled Trial of Interpersonal Psychotherapy for Trauma, Depression and Interpersonal Violence**

(Abstract # 1108)

**Poster # S-225** (Missing Keywords) **Atlanta Ballroom**

Meffert, Susan, MD<sup>2</sup>; Marmar, Charles, MD<sup>2</sup>; Metzler, Thomas, MA<sup>1</sup>

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Although approximately one quarter to one third of a population exposed to extreme stressors such as ethnic conflict develops chronic symptoms of Posttraumatic Stress Disorder (PTSD) causing significant disability, the research and application of psychological trauma and other mood treatment modalities in this context is currently in its infancy. One of the most neglected aspects of mental health care in post-conflict settings is the impact of psychological trauma on interpersonal relationships. We conducted a randomized controlled trial (RCT), with a wait list control group, of Interpersonal Therapy (IPT) for Sudanese refugees living in Cairo, Egypt. Two hypotheses were tested in twenty two subjects: (1) After IPT intervention, Sudanese refugees will have lower levels of depression and PTSD symptoms compared to wait list controls; (2) After IPT intervention, Sudanese refugees will have lower levels of

interpersonal violence compared to wait list controls. Community members were trained in IPT for one week and supervised during delivery of six sessions of twice weekly IPT. Data was analyzed using linear regression with bootstrapped standard errors. Controlling for baseline symptoms, IPT treatment, compared to wait list controls, predicted a significant decrease in symptoms of PTSD, Depression and State Anger. The first hypothesis was confirmed. IPT treatment, compared.

### Shared Traumatic Stress and the Long-Term Impact of 9/11 on Manhattan Mental Health Professionals

(Abstract # 1115)

**Poster # S-226** (Practice, Disaster) **Atlanta Ballroom**

**Tosone, Carol, PhD; Naturale, April, ACSW, PhD**

*NYU, New York, New York, USA*

Increasingly more clinicians find themselves exposed to and practicing in environments that could be characterized as traumatological. This paper presents the results of a survey exploring the long-term impact of 9/11 (N=81) clinicians practicing and/or residing in Manhattan. Shared traumatic stress is a composite of primary and secondary traumatic responses and was measured by the product of scores for the PTSD Checklist-Civilian Version and Professional Quality of Life compassion fatigue/secondary traumatic stress subscale. Shared traumatic stress was positively correlated with ambivalent and avoidant attachment, traumatic life events, being currently affected by the events of 9/11 (all  $p < .0001$ ), and perception of the likelihood of another 9/11 event within two years ( $p = .0004$ ). It was negatively associated with resiliency, life change due to 9/11 (both  $p < .0001$ ), institute training ( $p = .0041$ ), compassion satisfaction ( $p = .0166$ ), and years in the field ( $p = .0344$ ). On a multivariate level, only ambivalent attachment ( $p = .0078$ ), avoidant attachment ( $p < .0001$ ), traumatic life events ( $p = .0011$ ), resiliency ( $p = .0168$ ), and institute training ( $p = .0274$ ) were significant predictors of shared traumatic stress. In contrast to secondary trauma constructs, shared traumatic stress has the potential to better capture the responses of clinicians directly exposed to and practicing in traumatological

### Differences in Crisis Support Between Survivors of Interpersonal and Non-Interpersonal Traumas

(Abstract # 859)

**Poster # S-227** (Practice, Prev EI) **Atlanta Ballroom**

**Talbert, Christy, BS; Pruneau, Genevieve, MS; Carter, Benjamin, BS; Lyle, Sarah, BA; Weathers, Frank, PhD**

*Auburn University, Auburn, Alabama, USA*

This study compared differences in crisis-specific social support between survivors of interpersonal and non-interpersonal trauma. Participants were 209 undergraduates who reported experiencing a traumatic event that was either of an interpersonal ( $n = 64$ ) or non-interpersonal nature ( $n = 145$ ). Participants were administered the Life Events Checklist (LEC) and the Crisis Support Scale (CSS), a self-report measure of crisis-specific social support for the three months immediately following the event and for the past three months. A profile analysis (Trauma Type X CSS Item repeated measures MANOVA) revealed that interpersonal trauma is associated with lower

ratings of crisis-related social support than non-interpersonal trauma ( $F(1,207) = 26.128, p < .001$ ). Additionally, a significant interaction was found for CSS item by trauma type ( $F(13, 195) = 2.760, p = .001$ ), signifying a departure from parallelism in the social support profiles of those who experienced interpersonal vs. non-interpersonal trauma. This suggests that an item-level examination of trauma type differences in social support is warranted. Differences of particular note included improvements from past to current crisis-specific support reported by the interpersonal trauma group versus decreases from past to current crisis-specific support reported by the non-interpersonal trauma group.

### Reconceptualizing Interventions for Refugee Traumatic Stress: A Community-Based Approach

(Abstract # 761)

**Poster # S-228** (Civil Ref, Commun) **Atlanta Ballroom**

**Isakson, Brian, PhD; Goodkind, Jessica, PhD**

*University of New Mexico, Albuquerque, New Mexico, USA*

To address the posttraumatic adjustment challenges faced by refugees, it is important to broaden traditional western conceptualizations of traumatic stress and treatment. A holistic perspective on refugee well-being that takes into account post-migration challenges, attends to refugees' cultural beliefs about mental health, builds upon strengths, and engages refugees in non-stigmatized settings is essential. The Refugee Well-being Project (RWP) employs such a perspective to address the multiple traumas experienced by refugees during war, flight from their countries, and stressful conditions of refugee camps, as well as resettlement-related stressors. RWP brings together refugees and undergraduate students to engage in mutual learning and advocacy. RWP prevents further psychological distress and promotes well-being by: 1) increasing access to resources to address unmet needs and transferring advocacy skills to families; 2) creating a safe environment where refugees share common experiences with others; 3) reducing resettlement stressors through learning and advocacy; and 4) encouraging refugees to recognize their strengths and abilities to handle challenges with both new and acquired skills. We will present the intervention model, results from 4 years of implementation, and implications for conceptualizing and treating trauma and related stressors experienced by refugees.

### Escape-Avoidance Coping Predicts PTSD and Depression Symptoms in a Prospective Study of Police

(Abstract # 975)

**Poster # S-229** (Mil Emer, Prev EI) **Atlanta Ballroom**

**Richards, Anne<sup>3</sup>; Metzler, Thomas, MA<sup>2</sup>; Marmar, Charles, MD<sup>2</sup>; Neylan, Thomas, MD<sup>2</sup>; Henn-Haase, Clare, PsyD<sup>1</sup>**

<sup>1</sup>*San Francisco VAMC (116P), San Francisco, California, USA*

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Escape-Avoidance coping has been associated with stressful events that are appraised as particularly threatening and with poorer mental health outcomes. Prior research has not prospectively examined the role of exposure severity (criterion A1) and peritraumatic fear, helplessness and horror (criterion

A2) in predicting coping. The relationship between coping with stressors and subsequent depression has also not been prospectively examined. This study examines coping strategies, exposure severity, peritraumatic reactions, PTSD and depression in a prospective study of police. Healthy police academy recruits (N=237) were evaluated with the Symptom Checklist-90 at baseline. At 12 and 24 months they completed assessments on critical incident exposure, A1 and A2 in relation to exposure, the Peritraumatic Dissociative Experiences Scale, the Ways of Coping scale, the PTSD Checklist, and the Beck Depression Inventory. Analyses showed that distancing coping was positively correlated with A1 at both 12 and 24 months, and that distancing coping, escape-avoidance coping, self-control coping, and positive reappraisal were associated with A2 at 12 and 24 months. Regression analyses demonstrated that escape-avoidance coping predicts PTSD and depression symptoms at both time points, even when controlling for baseline psychopathology, exposure severity and peritraumatic reactions.

### **Ethnic Differences in Trauma Response and Help-Seeking Behavior Among Rural OEF/OIF Veterans**

(Abstract # 1028)

**Poster # S-230** (Mil Emer, Cul Div) **Atlanta Ballroom**

Jones, Andrea, BA; Stacom, Elizabeth, BS; McLaughlin, Katherine, BA; Quintin, Ashlee; Scotti, Joseph, PhD

*West Virginia University, Morgantown, West Virginia, USA*

A mail survey of West Virginia Veterans who had recently returned from service in Operation Enduring Freedom or Operation Iraqi Freedom was conducted. A total of 5,000 surveys were sent to WV Veterans; 1060 were returned completed (20%). Consistent with WV demographics, only 7% (n = 75) of the Veterans identified themselves as other than White (e.g., Black, Hispanic, Bi-Racial). We analyze the relations between ethnicity and levels of exposure to war-zone stressors, psychosocial impacts (PTSD, depression, family stress), and help-seeking behavior, giving consideration to the high number of WV Veterans who reside in rural counties. Two methods of analysis will be presented: (a) comparing the 75 Veterans of Color to a random sample of 75 White Veterans, and (b) comparing the 75 Veterans of Color to 75 White Veterans who match the Veterans of Color on multiple demographic and military characteristics. The first analysis will demonstrate differences between White Veterans and Veterans of Color on exposure to war-zone stressors and related outcome. The second analysis allows for tight control by matching of variables other than ethnicity (e.g., income, education, rurality, exposure) to show that ethnicity continues to be a factor in psychosocial impact and help-seeking behavior. The discussion will focus on factors related to ethnicity that may explain these differences.

### **Laughing Matters**

(Abstract # 62)

**Poster # S-231** (Commun, Prev EI) **Atlanta Ballroom**

Wallach, Eileen, PhD

The purpose of this session is to affirm, sustain and inspire individuals in the practice of humor and laughter, not only as a personal tool to optimize a healthy lifestyle, but to maximize the benefits of humor in everyday life. These benefits include current research-based data on the use of humor to nurture creativity, to increase memory and build trusted relationships. Participants will have the opportunity to play, laugh and learn in an experiential setting with the use of power point, props and group cohesion.

### **Complexity of Psycho-Social Needs and Treatments Among Foreign Born WTC Clean Up Workers**

(Abstract # 1098)

**Poster # S-233** (Disaster, Cul Div) **Atlanta Ballroom**

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The Bellevue WTC EHC is an integrated medical/mental health program providing services to those affected by the events of 9/11 in NYC. One subgroup presenting unique treatment needs are workers and volunteers who performed clean-up and recovery duties following the event. These patients are mostly foreign born, 50% female, and predominately limited English. A focus group of mental health providers from Bellevue and Mt. Sinai Hospitals found these patients have cross cultural issues, extensive psychosocial needs and complex traumas that exacerbate psychiatric symptoms and impact psychotherapy interventions. Psychosocial issues can include medical illnesses developed as a consequence of exposure to the WTC dust, immigration status, access to resources, acculturation, education and training, limited social supports and limited awareness of the availability of mental health care services. These complex psychosocial and symptom presentations have challenged the use of standard, evidence-based, manualized treatments, such as Prolonged Exposure and Cognitive Processing Therapy. Manualized PTSD treatments had to be adapted or extended when administered to this primarily monolingual non-English speaking foreign born population. This presentation focuses on these issues through case studies as they relate to treatment of this vulnerable and underserved population.

## Diagnostic Dilemmas of Post Disaster WTC Foreign Born Clean Up Workers

(Abstract # 941)

Poster # S-216 (Disaster, Assess Dx) Atlanta Ballroom

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This presentation focuses on one subgroup: workers and volunteers who performed clean up and recovery duties immediately following the event, presents unique diagnostic and treatment challenges. Most are foreign born, 50% female, predominately limited English, many with prior trauma experiences and significant psychosocial impediments. A focus group of mental health providers from Bellevue and Mt. Sinai Hospitals observed that many patients report no contact with mental health providers or significant psychiatric symptoms prior to the development of medical symptoms related to 9/11 exposure, despite pre-morbid traumas and psychosocial stresses. WTC mental health providers have struggled to “fit” patients into preexisting categories. For many, their “traumatic event” does not meet the standard trauma exposure criteria for a DSM-IV PTSD diagnosis although reported symptoms reflect PTSD symptoms and high levels of anxiety and depression. Another diagnostic problem is the high rates of co-morbidity of multiple mood and anxiety disorders or sub-clinical presentation of symptoms from a broad range of disorders. This presentation explores these issues as they relate to diagnosis and treatment of this vulnerable and underserved population.