

Concurrent Session 1
Thursday, November 5
8:00 a.m. – 9:15 a.m.

Symposium

**PTSD Diagnosis in Children:
Implications for *DSM-V***

[Abstract #264]

Symposium (Assess Dx, Child) Peachtree Ballroom – 8th Floor

Kenardy, Justin, PhD¹, De Young, Alexandra⁴; Delahanty, Douglas, PhD³; Kassam-Adams, Nancy, PhD²

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The diagnosis of PTSD in children has followed that of adults. However there are specific issues and differences that relate to phenomenology and development stage that mean the adult criteria do not necessarily apply. Furthermore the pending next edition of the *DSM* offers an opportunity to examine the age-related distinctions. The symposium will focus on three areas:

1. The factor structure of posttraumatic stress symptoms will be examined in a sample of 683 children to explore the generalizability of the *DSM-IV* for children.
2. The validity of diagnosis of PTSD in 180 children with a traumatic brain injury will be examined by comparing the construct validity of a variety of diagnostic criteria.
3. The utility and validity of PTSD diagnosis in children under 6 will be assessed in a sample of 134 children who have experienced traumatic burn injuries.

Together these presentations will provide new insights into the specific issues of diagnosis of PTSD in children that will help to inform both the clinical diagnosis of children and the next edition of *DSM*.

The Structure of PTSD Symptoms in Injured Children and Adolescents

[Abstract # 190]

Kassam-Adams, Nancy, PhD; Marsac, Meghan L., PhD; Cirilli, Carla P., MA

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

Understanding the underlying dimensions of child PTS symptoms and their potential impact on functional outcomes is of vital importance in creating clinically useful diagnostic systems. The aim of the current analyses was to examine the factor structure of PTSD symptoms in two groups (n=479 and n=204) of school-age children and adolescents. Participants were assessed approximately 6 months after experiencing an acute injury. Confirmatory factor analyses were used to evaluate the fit of five different factor models for PTSD symptoms. Additional analyses examined the specificity of PTSD symptoms in relation to depression or general distress, and the association between

each PTSD factor and functional impairment. A 3-factor model consistent with the *DSM-IV* PTSD symptom clusters fit the data well, but a 4-factor model separating effortful avoidance from emotional numbing received stronger support. Findings support the conceptualization of traumatic stress reactions as a specific entity distinct from depression or generic emotional distress, but also suggest that non-specific distress and dysphoria may play an important role in the clinical presentation of post-traumatic reactions and their impact on child functioning.

Post Trauma Reactions in Very Young Children: Implications for *DSM-V*

[Abstract # 311]

De Young, Alexandra; Kenardy, Justin, PhD

CONROD School of Medicine, Herston, Australia

Research has shown that young children (a) express symptoms of distress following trauma; (b) have unique presenting features related to developmental level, nature of trauma and relationship contexts and (c) *DSM-IV* PTSD criteria does not adequately capture many of the symptoms experienced. The inclusion of an empirically supported and developmentally sensitive PTSD algorithm for infants, toddlers and preschoolers is one of the key tasks remaining for the *DSM* classification system. The primary aim of this study was to investigate the sensitivity and specificity of diagnostic algorithms for traumatic stress reactions in young children within the context of the parent-child relationship. Participants were 134 unintentionally burned children (1 to 6 years) and their parents.

Diagnostic interviews were conducted with parents about their child's psychological and behavioral adjustment at one and six months post injury and a battery of parent report questionnaires were also completed. Findings provide further support for the need to modify the *DSM-IV* PTSD criteria to ensure that it is developmentally sensitive and able to differentiate between comorbid disorders. Suggestions for how the *DSM-V* might define and conceptualize post-traumatic stress reactions in young children will be discussed.

Alternative PTSD Diagnostic Criteria in Children With Traumatic Brain Injury: A Comparative Study

[Abstract #312]

Kenardy, Justin, PhD¹; Hendrikz, Joan Katherine, BSc¹; Le Brocque, Robyn²; Islen, Gregory¹

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Diagnosis of PTSD in children can be problematic, in addition to the alternative symptoms described in the *DSM-IV* PTSD criteria, a number of other diagnostic approaches have been reported including exclusion of A2 and F criterion and "subsyndromal" diagnostic criteria. Standard *DSM-IV* criteria have been adapted for the presence of traumatic brain injury (TBI) by the exclusion of posttraumatic amnesia. This study aimed to compare the validity of alternative diagnostic systems against a measure of child psychological health status, the CHQ-50. 192 children aged 6-14 seen at hospital following a TBI were assessed. Severity of brain injuries were mild (65%), moderate (25%) and severe (10%). Sixteen PTSD diagnostic classification schemes were derived from responses to the CAPS-CA at 6-months post-injury.

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Using ROC analyses these schemes were evaluated against CHQ-50 without controlling for TBI severity. Results indicate that "subsyndromal" diagnostic criteria without or without the exclusion of posttraumatic amnesia performed best in detection of health status. There was no significant change after TBI severity was taken into account. The results support the validity of "subsyndromal" diagnostic criteria with children, and suggest that little is gained by the exclusion of the posttraumatic amnesia symptom to take account of traumatic brain injury.

Psychobiological Studies on PTSD in a Post War Region; Balkan Countries

(Abstract #211)

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

Vermetten, Eric, PhD⁶; Savić, Danka, PhD¹; Knezevic, Goran, PhD²; Spiric, Zeljko, MD, PhD³; Damjanovic, S., MD, PhD²; Matic, Gordana, PhD⁴; Yahuda, Rachel, PhD⁵

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In this symposium we will present data from an EU study on the psychobiology of PTSD. This study was conducted in the years 2004-2008, about a decade after the war in former Yugoslavia. General objective of this project was to contribute to understanding of the PTSD, its characteristics, subtypes, and risk factors in order to help improve its diagnosing and prevention. The study was designed to investigate the inner architecture of PTSD in terms of (some of the) supposedly relevant psychological, biochemical, endocrinological, genetic, physiological and anthropometric variables/parameters and their relations. These presentations will focus on data obtained in Belgrade, on 426 male subjects divided in 4 groups: current PTSD, lifetime PTSD, trauma controls and healthy controls. All subjects were recruited in Serbia after fulfilling a stringent inclusion/exclusion criteria. They were hospitalized for 2.5 days and underwent a standardized procedure for the acquisition of variables - biological analyses were done from blood samples (drawn by an i.v. line); psychological tests and questionnaires were administered by psychologists. We will present data on psychopathology and somatic symptoms, HPA-axis (including cortisol receptors and their polymorphism), metabolism, intelligence and neurocognitive functions, personality and influences of traumatic experience.

War Trauma and PTSD-Related Alterations of Lymphocyte Glucocorticoid Receptor

(Abstract # 403)

Matić, Gordana, PhD¹; Brkljacić, Jelena, PhD Cand¹; Elaković, Ivana, PhD Cand¹; Manitašević Jovanović, Sanja, PhD Cand¹; Vojnović Milutinović, Danijela, PhD Cand¹; Perišić, Tatjana, PhD Cand¹; Dundjerski, Jadranka, PhD Cand¹; Savić, Danka, PhD²; Damjanović, Svetozar, MD, PhD³; Knežević, Goran, PhD⁴; Špirić, Željko, MD, PhD⁵; Vermetten, Eric, MD, PhD⁶

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Glucocorticoid receptor (GR) functional properties and expression in peripheral blood mononuclear cells (PBMCs) from Balkan war veterans with and without PTSD were examined in order to differentiate between PTSD- and war trauma-related alterations of the receptor. The subjects of the study were veterans with current PTSD, with lifetime PTSD and without PTSD. Healthy male volunteers served as controls. The number of receptor sites per cell (Bmax) and dissociation constant (KD), were determined by saturation analysis. An increase of Bmax in PBMCs from veterans without PTSD vs. healthy controls and a rise of GR potency (Bmax/Kd ratio) in patients with lifetime PTSD vs. those with the current disorder were noticed. Current PTSD coincided with disturbance of the correlation between Bmax and KD that normally exists in PBMCs of healthy subjects. Between-group differences in sensitivity of lymphocytes to dexamethasone were marginally significant, while those in the levels of GR mRNA, GR and MR proteins, Hsp90 and Hsp70 were not found. The results suggest that current PTSD is associated with impairment of compensation between GR number and affinity for the hormone, resilience to PTSD with efficient regulation of the receptor's hormone binding capacity and remission of the disorder with elevated binding potency of the receptor.

PTSD, Related Somatic Symptoms and Comorbidities in Serbian War Veterans

(Abstract # 684)

Spiric, Zeljko, MD, PhD¹; Knezevic, Goran, PhD²; Savic, Danka, PhD³; Matic, Gordana, PhD⁴; Damjanovic, Zvetozar, PhD⁵; Samardzic, Radomir, MD, PhD¹; Vidakovic, Ivana, MA⁶; Vermetten, Eric, PhD⁷

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The presence of somatic symptoms and comorbid psychiatric disorders were investigated in war veterans with current and lifetime PTSD compared to groups of war veterans without PTSD and healthy controls. Sample consisted of three groups of veterans: with current PTSD, with lifetime PTSD, and without PTSD and a healthy control group. Clinician administered PTSD scale (CAPS-DX, with cut-off score of 50) was used to assess the presence of PTSD, Structured clinical interview for DSM-IV axis I disorders (SCID-I) for psychiatric evaluation, and Symptom Checklist 90 - Revised (SCL-90-R) for assessment of current psychological complaints. Somatic symptoms were documented and physical examination was done. Additional ultrasound and radiologic diagnostics were done if needed.

Veterans with current PTSD had more comorbid psychiatric diagnoses than other subjects, predominantly from depressive spectrum. Only 2.5% veterans with current PTSD had an "isolated" PTSD without any comorbid psychiatric diagnosis. This group had much more somatic complaints than others. However, objectively estimated indices of general (somatic) health showed no difference between groups. This study shows that somatization is a pervasive phenomenon in PTSD. Etiology is not quite clear and relations to personality, high sensitivity to somatic

clues, compensation seeking and psychobiological dynamics are discussed.

More Controlled Cortisol – Less Controlled Behavior

(Abstract # 614)

Savić, Danka, PhD¹; Knežević, Goran, PhD²; Vermetten, Eric, MD, PhD³; Damjanović, Svetozar, MD, PhD³; Špirić, Željko, MD, PhD⁴; Matić, Gordana PhD⁵

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There is a hypothesis that dexamethasone suppression test (DST) - an indicator of the hypothalamo pituitary adrenocortical (HPA) axis autoregulation - discriminates between PTSD and depression: hyperresponsiveness is predominantly represented in PTSD, whereas hyposuppression of cortisol is characteristic for depression. Our results show that HPA axis regulation is inversely (and nonlinearly) correlated with a personality trait Conscientiousness (CONS) as measured by NEOPI-R, that can be generally perceived as one's own control of behavior (the opposite of impulsiveness). Plasma cortisol levels - obtained as nocturnal mean, morning peak and in DST - correlate negatively with CONS in both PTSD patients and controls, suggesting that HPA axis regulatory feedback is stronger in individuals with less controlled behavior. At the same time, we found that these individuals are more prone to PTSD which led us to conclude that the obtained correlation between cortisol levels and PTSD is indirect - via CONS. The finding that there is no correlation between the severity of this disease (measured by CAPS) and the level of suppression further supports this conclusion. So, DST should be used as a diagnostic tool only to the extent to which the impulsiveness predicts the illness.

The Role of Intelligence, Neurocognitive Characteristics and Personality in Posttraumatic Stress

(Abstract # 573)

Knezevic, Goran, PhD¹; Savic, Danka, PhD²; Matic, Gordana, PhD³; Damjanovic, Svetozar, PhD⁴; Vermetten, Eric, PhD⁵; Spiric, Zeljko, MD, PhD⁶; Vidakovic, Ivana, MA⁷

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In order to determine the distinctive characteristics of psychological functioning of individuals with PTSD, one of the most comprehensive battery of instruments for measuring personality and neurocognitive functioning reported to date was administered. The subjects were divided into four groups - acute PTSD, lifetime PTSD, trauma exposed and healthy control. The personality space was defined by six basic dimensions (measured by NEOPI-R and our own questionnaire for Disintegration, a personality trait expressing a general proneness to psychosis). The space of neurocognitive functioning was defined by thirty-three variables (including intelligence measures). Discriminant

analysis shows that two significant functions can be isolated in this common space of personality and neurocognitive variables. The first one reflects the crucial role of personality and general intelligence in discriminating trauma exposed and healthy controls from acute and life time PTSD groups. The second function indicates a role of self-control and executive inhibition in discriminating life-time and trauma exposed groups from acute PTSD and healthy controls. It seems that Neuroticism and Disintegration are the key dispositional factors for the development of PTSD, while self-control and executive inhibition define the individual resilience capacities in situations of exposure to extreme stressors.

Basal Metabolic Rate in Patients With Post Traumatic Stress Disorder

(Abstract # 1006)

Damjanovic, Svetozar, PhD¹; Spiric, Zeljko, MD, PhD²; Matic, Gordana, PhD³; Knezevic, Goran⁴; Savic, Danka⁵; Vermetten, Eric⁶

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We assessed body composition and basal metabolic rate (BMR) in 133 males (aged 26-65 years) with active post traumatic stress disorder (PTSD) and 100 age and BMI-matched control subjects (aged 27-66 years). BMR was calculated taking into account fat free mass (FFM) obtained by bioelectric impedance. Although there was no difference in body mass index (BMI), and leptin concentration between patients and control subjects, BMR was significantly lower in patients with PTSD [mean±SD; 7712.5±898.4 kJ/24h vs. 8198.8±1005.5 kJ/24h, p=0.02]. Testosterone concentration was similar in patients and control subjects, however dehydroepiandrosterone-sulfate (DHEA-S) concentration tended to be lower in patients [5.3±2.8 nmol/l vs 6.1±3.2 nmol/l, p=0.06]. By linear regression analysis significant portion (73.1%) of the variation in BMR can be explained by the variability in waist circumference (66.6%), fluid intelligence (6.2%) and in DHEA-S concentration (1.3%). In control subjects 57.2% of variability in BMR is explained by variations in waist circumference (53.0%) and fluid intelligence (4.2%). These data suggest that beside visceral fat mass and adrenal androgens in patients with PTSD psychological variables could be linked with energy homeostasis.

Treatment Interventions for PTSD in Difficult or High Risk Populations

(Abstract #235)

Symposium (Clin Res, Practice)

International D - 6th Floor

Pinna, Keri²; Pacella, Maria, BA²; Feeny, Norah, PhD¹; Lamoureux, Brittain, MA²

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²Kent State University, Kent, Ohio, USA

The general effectiveness of cognitive behavioral therapy (CBT) at treating symptoms of PTSD and comorbid disorders is well documented. However, additional research is warranted into the efficacy of these interventions specifically for individuals who display complex symptom profiles, an elevated risk of re-

exposure to the precipitating traumatic event, and those who experience obstacles to obtaining treatment. The focus of this symposium is to examine the effectiveness of various treatments at reducing symptoms of PTSD in women who have experienced interpersonal violence, individuals living with HIV, and individuals suffering from complex trauma histories and comorbidities.

**Battered Women & Their Children:
Treatment Issues & Outcomes of a
Cognitive-Behavioral Intervention**

(Abstract # 248)

Pinna, Keri, MA¹; Johnson, Dawn, PhD²

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

²*University of Akron, Akron, Ohio, USA*

High rates of PTSD and other comorbid disorders in battered women highlight the need for effective treatment in this population. However, numerous obstacles exist to the treatment of battered women, including severe lack of resources and complicating factors such as concern for their children's adjustment. HOPE is a new treatment for Battered Women with PTSD living in shelters. Manners in which HOPE addresses many obstacles to treatment (e.g. transportation, childcare), while also addressing concerns regarding children's adjustment, will be presented. Results from a randomized clinical trial of HOPE reveal that women who complete HOPE experience significant improvements in PTSD and depression relative to a standard care control group. Because PTSD and depression are associated with parenting distress, parent-child relationships, and child adjustment, data were analyzed to determine the extent to which treatment impacted these outcomes. Preliminary results suggest that control women's parenting distress spiked following exit from the shelter, while distress remained stable in women who received HOPE. Women who completed treatment reported better parent-child relationships during follow-up. Analyses also suggest that HOPE may impact child adjustment through improvements in women's PTSD. Implications for treatment of battered women and their children will be discussed.

**The Efficacy of Prolonged Exposure at
Treating PTSS and Its Correlates in an
HIV Positive Population**

(Abstract # 244)

Pacella, Maria, BA; Boarts, Jessica, PhD; Armelle, Aaron, MA; Delahanty, Douglas, PhD

Kent State University, Kent, Ohio, USA

Persons living with HIV (PLWH) often present with complex trauma histories, significant posttraumatic stress symptoms (PTSS), and various psychological comorbidities. Effective treatment of symptoms may significantly improve quality of health and allow PLWH to function at higher levels. Therefore, the current study examined the efficacy of prolonged exposure (PE) at reducing PTSS, depression, and posttraumatic cognitions in 43 PLWH. Participants were randomly assigned to either receive PE sessions (N = 19) or to serve as wait-list controls (N = 24). All participants were assessed at pre-treatment, and at 6-weeks and 3-months post-treatment. A repeated measures ANCOVA, covarying for depression, revealed that PE participants reported significantly fewer PTSS (p < .04) than controls on the PTSD Symptom Scale-Interview. Similar analyses controlling for PTSS revealed that PE participants reported fewer depressive symptoms (p < .001) than

controls on the Center for Epidemiological Studies – Depression Scale. Further, after controlling for both depression and PTSS, PE participants demonstrated significantly fewer negative posttraumatic cognitions than controls (p < .03) as measured by the Posttraumatic Cognitions Inventory. Results revealed that PE was readily accepted by PLWH and was efficacious in reducing symptoms of PTSD and depression.

**PE in Complex Clinical Populations:
Major Depression and Imaginal Exposure in
Chronic PTSD**

(Abstract # 280)

Zoellner, Lori, PhD¹; Feeny, Norah, PhD²

¹*Case Western Reserve University, Cleveland, Ohio, USA*

²*University of Washington, Seattle, Washington, USA*

Major depression (MDD) and other Axis I disorders commonly co-occur with chronic PTSD; such complex clinical presentations may require different treatment procedures than exposure therapy. Indeed, it has been argued that individuals with such complex presentations may have poor therapeutic alliance building skills which make tolerating imaginal exposure difficult. In a sample of 89 men and women with chronic PTSD who were undergoing exposure-based treatment, we examined whether the presence of MDD was associated with worse reactions to imaginal exposure or worse therapeutic alliance. We also examined the association between alliance and tolerability of exposure. Differences were not seen in the tolerability of imaginal exposure. More specifically, individuals with MDD experienced functionally equivalent levels of peak distress during imaginal exposure as those without MDD. Early therapeutic alliance was not associated with distress during exposure, nor was alliance associated with depression severity or MDD diagnosis. These findings suggest that individuals with and without MDD generally react similarly to the initiation of imaginal exposure and, thus, should be encouraging to clinicians working with patients with complicated clinical profiles.

**Treating Comorbid Posttraumatic Stress
and Substance Use Disorders:
A Meta-Analytic Review**

(Abstract # 427)

Lamoureux, Brittain, MA¹; Fresco, David, PhD¹; Hobfoll, Stevan E., PhD²

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

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

Approximately 9% of adults in the general population will suffer from posttraumatic stress disorder or PTSD in their lifetime (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). However, for patients seeking treatment for substance use disorders (SUDs), lifetime prevalence rates for PTSD have been estimated to be closer to 50% and approximately 1/4 to 1/3 of these patients meet criteria for current PTSD (Back et al., 2000; Brown, Recupero, & Stout, 1995; Najavits et al., 1998). The high degree of comorbidity of PTSD in substance abusing populations suggests a functional relationship that has been hypothesized to occur in two ways. First, self-medication theory (Khantzian, 1985, 1997) posits that individuals with PTSD may abuse substances to cope with the symptoms of PTSD. Alternately, individuals may develop PTSD in the context of an ongoing SUD. Numerous treatments have

been developed to specifically target PTSD-SUD comorbidity. This paper will quantitatively summarize and examine the efficacy of treatments for this comorbidity. Potential mediators, including participant demographics, aspects of traumatic exposure, nature of substance use, characteristics of PTSD-SUD comorbidity, and major components of treatment, will be investigated. Specific hypotheses related to these mediators and final results will be presented.

The Cutting Edge of Research in Diversity and Trauma

(Abstract #452)

Symposium (Cul Div, Clin Res) **International F - 6th Floor**

Triffleman, Elisa, MD¹; Harrington, Ellen, PhD²; Lester, Kristin, PhD³; Schell, Terry³

¹Port Washington, New York, USA

²Summit Healthcare, Akron, Ohio, USA

³National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

U.S. Census data indicate that 33% of the population is a member of an ethnic minority group. By 2042, the U.S. is projected to become a “majority-minority” nation. Thus, further understanding of the relationships of ethnicity and traumatic stress is necessary. Traumatic stress studies in the U.S. have included diverse study participants, but simple inclusion has not necessarily deepened the understanding of traumatization, its effects or treatment in diverse populations. While some studies have examined the impact of ethnic differences on trauma-related indices, rarely have studies reported the underlying contributors to those differences. Ethnicity itself is a complex construct based on cultural norms, socioeconomic status and historical contributors among many factors. Thus, outcomes and their contributors can be expected to be more interesting and complicated than what simple bivariate relationships between an ethnicity and an outcome might predict. The ISTSS Diversity Committee has given high priority to the promulgation of information which furthers our understanding of this area. In this symposium organized by the Committee, observational and treatment research which begins to scratch below the surface will be presented in order to disseminate new findings and to present the audience with further approaches to thinking about the relationships between diversity and trauma.

Trauma, Binge Eating, and the “Strong Black Woman”

(Abstract # 453)

Harrington, Ellen, PhD¹; Crowther, Jan, PhD²; Shipherd, Jillian, PhD³

¹Summitt Healthcare, Akron, Ohio, USA

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³National Center for PTSD, VA Boston Healthcare, Boston, Massachusetts, USA

This study examined binge eating in 179 African American female trauma survivors (Age: M(SD)=29.6(12.8); BMI: M(SD)=28.0(7.4)) who reported experiencing at least one traumatic event (M(SD)=6.02(4.62)). Participants completed surveys about traumatic experiences (Life Stressors Checklist-Revised, Sexual Experiences Survey); emotional inhibition/regulation difficulties; self-silencing (prioritizing others’ needs and adopting external self-evaluation standards); and internalization of “Strong Black

Woman” ideology, an important cultural symbol emphasizing strength and self-sufficiency (Stereotypic Roles for Black Women Scale, Efficacy of Help-Seeking Scale). Structural path analysis supported the proposed model in which SBW ideology, emotional inhibition/regulation difficulties, and eating for psychological reasons mediated the relationship between trauma exposure/distress and binge eating [$\chi^2[6]=3.77$, NNFI=1.03, CFI=1.00, SRMR=.03, RMSEA=.00]. The proposed model provided superior fit to the data than several competing models. These findings suggest that among African American female trauma survivors, trauma exposure/distress predicts strong internalization of SBW ideology, which leads to emotional/inhibition/regulation difficulties, eating for psychological reasons, and ultimately binge eating. Assessment, treatment, and prevention implications of these findings will be discussed.

Ethnic Differences in PTSD Following Injury: Hispanics’ Symptoms Differ in Kind as Well as Degree

(Abstract # 454)

Schell, Terry; Marshall, Grant, PhD; Miles, Jeremy, PhD

RAND Corporation, Santa Monica, California, USA

This longitudinal study of physical injury survivors (N = 465) used structural equation modeling with propensity weights to compare posttraumatic distress reported by Hispanic and non-Hispanic Caucasian survivors. Symptoms of posttraumatic stress disorder (PTSD) were assessed within days of trauma exposure, and again at 6- and 12-months posttrauma. Results replicated prior research indicating that Hispanics report greater overall PTSD symptom severity. However, the size of this effect varied significantly across the 17 individual PTSD symptoms, and several symptoms were not reported more highly by Hispanics. Relative to non-Hispanic Caucasians, Hispanics tended to report higher levels of symptoms that could be regarded as exaggerated or intensified cognitive and sensory perceptions (e.g., hypervigilance, flashbacks). In contrast, few differences were observed for symptoms characteristic of impaired psychological functioning (e.g., difficulty concentrating, sleep disturbance). Findings suggest that the pattern of PTSD symptoms experienced most prominently by Hispanics differs in kind and not merely in degree. Results have implications for theory aimed at explaining this ethnic disparity in posttraumatic psychological distress as well as for clinical intervention with trauma-exposed Hispanics at risk for PTSD.

Does Ethnicity Matter in the Treatment of PTSD?

(Abstract # 455)

Lester, Kristin, PhD¹; Artz, Caroline, BS¹; Young-Xu, Yinong, Scd²; Resick, Patricia, PhD¹

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

²National Center for PTSD, White River Junction, Vermont, USA

Ethnicity and PTSD treatment is understudied. The existing literature is inconclusive regarding ethnic differences in treatment response, as well as the combined influence of SES, historical, and attitudinal variables. To address these gaps, this study of 308 African American and Caucasian women participating in two studies of cognitive behavioral treatment for PTSD examined the influence of ethnicity on treatment

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completion and outcomes while exploring the impact of others factors that may account for differences. Results revealed a significant ethnicity effect on treatment completion status. Among African-Americans, 21% never started the protocol after the initial assessment, 34% dropped out of treatment, and only 45% completed all therapy sessions compared with 8%, 19%, and 73%, respectively, of Caucasian women. Ethnic differences held even after controlling for age, education, income, abuse history, and treatment attitudes. Longitudinal mixed-effects modeling used to analyze treatment outcome data resulted in only one significant finding between PTSD scores and sexual abuse, $F(1, 302) = 7.71, p < .01$, indicating that greater exposure to sexual abuse was associated with higher post-treatment PTSD symptom levels; however there was no significant effect of ethnicity on outcome regardless of treatment status.

Ethnocultural Variation in Responses to and Recovery From Trauma

(Abstract # 737)

Pole, Nnamdi, PhD

Smith College, Northampton, Massachusetts, USA

Presentations by Schell, Harrington, and Lester will be discussed within the broader context of ethnocultural variation in responses to and recovery from trauma.

The Harrington paper identifies a social role characteristic of African American women that partially mediates post-trauma symptom expression. The Schell paper identifies specific symptoms that may be reported with greater intensity by Hispanic groups, thereby clarifying a basis for apparent elevated PTSD symptoms in this group. The Lester paper provides further evidence that despite differences in service utilization, African Americans show benefit similar to Caucasian Americans from cognitive behavior therapy. Each of these offer lucid answers to important questions about the ways that ethnocultural status does and does not alter our understanding of posttrauma pathology and posttrauma treatment. Each also leaves additional questions that warrant further study. These points will be taken up in this discussion.

Predicting PTSD and Health Functioning Among OEF/OIF Veterans

(Abstract #742)

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

McDevitt-Murphy, Meghan, PhD¹; Shea, M. Tracie, PhD²; Vujanovic, Anka, PhD²; Williams, Joah, BA¹

¹*University of Memphis, Memphis, Tennessee, USA*

²*Brown University, Providence, Rhode Island, USA*

Military personnel deployed as part of the current conflicts in Iraq and Afghanistan (OEF/OIF) face considerable threat to life and limb during combat. Following their return, they must transition back to civilian life. Returning OEF/OIF troops are at risk for psychopathology such as posttraumatic stress disorder (PTSD), substance use disorders and other Axis I diagnoses. Combat veterans are also at risk for ill health related to the many physical stressors associated with deployment. The proposed symposium would explore predictors of PTSD and health in OEF/OIF veterans. One paper describes a prospective study of veterans followed for six months after return from deployment, assessing for PTSD and other Axis I syndromes (Shea et al.). A second paper explores the relationship between dissociative symptoms and PTSD severity

(Vujanovic et al.). A third paper describes relationships among PTSD, alcohol abuse, and health functioning among OEF/OIF veterans presenting to primary care (McDevitt-Murphy et al.). Finally, a fourth paper explores a range of deployment risk and resilience factors and their relationship to PTSD and physical health (Williams et al.). Together, these papers converge on the theme of prediction of physical health and adjustment in returning veterans with a specific focus on the role of PTSD.

PTSD, Alcohol, and Health Functioning Among OEF/OIF Veterans Presenting to Primary Care

(Abstract # 747)

McDevitt-Murphy, Meghan, PhD¹; Bracken, Katherine, BS²; Monahan, Christopher, BA¹; Murphy, James, MS¹; Williams, Joah, BA¹

¹*University of Memphis, Memphis, Tennessee, USA*

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The link between posttraumatic stress disorder (PTSD) and alcohol abuse has been well-established (Ouimette & Brown, 2003). PTSD and alcohol abuse are both associated with poorer health and it has been suggested that alcohol may mediate the relationship between PTSD and health outcomes (Rheingold et al., 2004). The present study assessed PTSD, hazardous drinking, and self-reported health functioning in a VAMC primary care sample of 151 veterans of the wars in Iraq and Afghanistan. 39% of participants screened positive for PTSD using the PTSD Checklist (PCL; Weathers et al., 1993) and 26.5% screened positive for alcohol misuse on the Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2001). PTSD and alcohol misuse were significantly correlated with several domains of health functioning, assessed with the Short-Form 36 (SF-36; Ware & Sherbourne, 1992). Group level analyses investigated differences between those screening positive and negative for PTSD and for alcohol misuse. Regression analyses investigated the contribution of PTSD and alcohol misuse to self-reported health. There was no evidence that alcohol misuse mediated the relationship between PTSD and health domains. These findings are suggest that PTSD and alcohol misuse may exert independent effects on health.

Functional Impairment Among OEF/OIF Veterans: Associations With PTSD Symptoms

(Abstract # 756)

Shea, M. Tracie, PhD; Mansfield, Abigail, PhD; Vujanovic, Anka, PhD

Brown Medical School, Providence, Rhode Island, USA

Research showing strong links between PTSD and impairment in psychosocial functioning among veterans is based on research conducted many years after the war. Knowledge regarding impairment earlier on after exposure to war trauma is important to understanding the longitudinal trajectory of problems in functioning. The present investigation examined associations between impairment in functioning and PTSD (diagnosis and symptoms) among OIF / OEF veterans within 6 months following return from deployment. Findings from a preliminary sample of 100 participants with initial post-return (baseline) and six month post-return follow-up interview-based assessments showed that both PTSD diagnosis and symptom severity were associated with poorer functioning and more subjective distress. Controlling for

Axis I disorders, PTSD symptom severity significantly predicted worse functioning on ratings of social and employment functioning, less satisfaction with life, and worse overall functioning. Subthreshold symptoms of PTSD were also associated with impairment, ranging from moderate to serious. The numbing / avoidance and the hyperarousal symptom clusters were significantly associated with most measures of functioning; re-experiencing symptoms were not associated with any measures. Implications of the findings and future directions will be discussed.

Associations Between Dissociative Symptoms and Posttraumatic Stress Among OEF/OIF Veterans

(Abstract # 774)

Vujanovic, Anka, PhD; Shea, M. Tracie, PhD; Mansfield, Abigail, PhD

Brown Medical School, Providence, Rhode Island, USA

The current investigation sought to examine distinct facets of dissociation, including peritraumatic and current dissociative symptoms, in relation to global posttraumatic stress symptom severity as well as severity of PTSD symptom clusters. The sample consisted of 179 OEF/OIF veterans (169 men; Mage = 33.6). The Clinician Administered PTSD Scale (CAPS), Structured Clinical Interview for *DSM-IV* Axis I Disorders, and Peritraumatic Dissociative Experiences Questionnaire were utilized. A series of hierarchical regression analyses were conducted; peritraumatic dissociation levels and number of current (past month) axis I diagnoses were entered as covariates at level one, while CAPS-rated symptom severity ratings of current (past month) derealization, depersonalization, and reduction in awareness were entered as a block at level two of the models. Current symptoms of derealization ($p < .001$) and reduction in awareness ($p < .05$) were incrementally predictive of global posttraumatic stress symptom severity. With regard to posttraumatic stress symptom clusters, derealization and reduction in awareness symptoms were incrementally related to emotional numbing symptoms (p 's $< .05$) only. Neither peritraumatic dissociation nor depersonalization was a significant predictor of any studied outcomes. Findings will be discussed in terms of theoretical and clinical implications.

Risk Profiles and Health Outcomes Among OEF/OIF Veterans

(Abstract # 806)

Williams, Joah, BA; McDevitt-Murphy, Meghan, PhD; Murphy, James, MS

University of Memphis, Memphis, Tennessee, USA

Evidence from combat veterans suggests that a number of risk factors, including cognitive appraisals of threat, may be more predictive of PTSD and poor physical health than trauma exposure alone (e.g. King et al., 2008). We examined relations between war-zone risk factors, PTSD, and health among Iraq and Afghanistan veterans at risk for alcohol abuse. The predominately male (90%) and Caucasian (64%) sample currently includes 20 veterans (target N = 60). Risk factors were assessed using the Deployment Risk and Resilience Inventory (DRRI; King et al., 2003). PTSD was assessed using the CAPS (Blake et al., 1995). Functional health was assessed with the Short Form-36 (Ware, 1993). Pearson correlations were conducted between DRRI scales, including perceived threat and combat exposure, PTSD

severity, and a series of health variables. Perceived threat was the only DRRI scale to be significantly correlated with PTSD and health and it demonstrated strong correlations with PTSD and five health domains including energy/fatigue and general health (r 's in absolute magnitude range from .46 to .60; all p 's $< .05$). These results are consistent with prior research. Additional analyses will examine contributions of risk factors and PTSD to functional health.

Panel Discussion

Fighting Stigmatization of Trauma Through Education and Media Relations

(Abstract #366)

Panel Discussion (Media Ed, Media Ed) International E - 6th Floor

John, Sue Lockett, PhD¹; Welch, C. Eileen Watts, MBA²; Hellerman, Caleb³; Reynolds, Victoria, PhD⁴

¹*Dart Center West, Seattle, Washington, USA*

²*The Center for Child and Family, Durham, North Carolina, USA*

³*CNN Atlanta, Georgia, USA*

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

News media characterizations play a major role in shaping cultural beliefs about stress and trauma reactions. By disproportionately linking mental illness with acts of violence and rarely reporting on stories of recovery, media accounts contribute to stigmatization and negative attitudes towards trauma survivors. These attitudes may create an environment in which survivors anticipate negative or dismissive reactions to disclosure and therefore not seek appropriate help. This panel brings together scholarship on media coverage of people with trauma-related reactions, outreach and training efforts to improve awareness and coverage of mental health and trauma issues, and examination of constraints and conventions affecting news coverage. It will include best practices for mental health professionals to provide journalists with accurate information and stories of recovery and reducing reliance on stereotypes and stigmatizing terms and representations.

Organisational and Peer Support Programs; Media and Other Early Responders – Lessons Learned

(Abstract #685)

Panel Discussion (Prev EI/Media Ed) Augusta I - 7th Floor

Forbes, Heather¹; McMahon, Cait²; Ward-Lilley, Sarah, BA⁴; Greenberg, Neil, PhD²

¹*Australian Broadcasting Co, Ultimo, New South Wales, Australia*

²*Universal Consulting Service, Alexandria, Virginia, USA*

³*Dart Centre Australasia, Elwood, Australia*

⁴*BBC News, London, United Kingdom*

Organisational and managerial support for trauma exposed staff has been shown to mediate the effects of trauma response. Three separate models of staff support will be presented; the Australian Broadcasting Corporation (ABC), the British Broadcasting Corporation (BBC) and the UK Military. The Heather Forbes from the ABC will present the organisations comprehensive 'three tiered' programme of staff awareness, manager awareness and peer support. Cait McMahon will discuss the role of a

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

psychologist within such a programme and the importance of establishing boundaries and psychological 'safety'. Sarah Ward-Liley from the BBC will present the BBC's approach to trauma support, which has evolved from training for managers and 'high risk' groups deployed to hostile conflict environments. It now encompasses a wider group of journalists working on domestic stories of traumatic content. Dr Neil Greenberg will present how TRiM (Trauma Risk Management) has been used by the UK military and diplomatic service to good effect. TRiM is a peer based support package that has become increasingly popular within the UK as a way of providing 'psychological first aid' within organisations. This presentation will be of interest to clinicians and practitioners involved in the support of staff who experience work related trauma exposure.

Papers

Personality and PTSD

Vinings I & II - 6th Floor

Chair: Erbes, Christopher, PhD

Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

Predicting Post Trauma Quality of Life: the Mediating Role of Hardiness

(Abstract # 746)

(Clin Res, Mil Emer)

Shatil, Sharon, MS¹; De St. Aubin, Ed, PhD¹; DeRoon-Cassini, Terri, PhD²; Valvano, Abbey, MS¹

¹*Marquette University, Milwaukee, Wisconsin, USA*

²*Medical College of Wisconsin, Milwaukee, Wisconsin, USA*

This study builds on past scholarship to investigate the role of hardiness and perception of injury severity in predicting post-trauma quality of life in a sample of spinal cord injured veterans. A GAP variable was created by subtracting subjective injury severity from objective injury severity (z converted) such that GAP scores of zero indicate accurate perception of injury severity, positive GAP scores indicate underestimation, and negative GAP scores indicate overestimation of the severity of the injury. GAP scores were positively related to psychological, financial, and physical well-being, and negatively related to depression. Mediation analyses were performed to determine whether the GAP measure leads to the outcomes through hardiness. These analyses indicated complete mediation of the relationship between the GAP measure and psychological well-being (Sobel = 2.57, $p=.01$) and between the GAP measure and depression (Sobel = 2.02, $p<.05$), and partial mediation of the relationship between the GAP measure and financial well-being (Sobel = 2.70, $p<.01$) and between the GAP measure and physical well-being (Sobel = 2.78, $p<.01$). Findings suggest that hardiness, or existential courage (Maddi, 2004), may be a path through which a positive or negative perception of one's injury severity leads to depression and indices of well-being.

Hardiness: Beyond Positive and Negative Emotionality?

(Abstract #585)

(Mil Emer, Clin Prac)

Erbes, Christopher, PhD, LP¹; Arbisi, Paul, PhD; Kehle, Shannon, PhD¹; Ferrier-Auerbach, Amanda, PhD²; Erickson, Darin, PhD¹; Polusny, Melissa, PhD²

¹*Minneapolis VA Medical Center, Minneapolis, Minnesota, USA*

²*National Center for PTSD, Boston VA, Jamaica Plain, Massachusetts, USA*

Recent attention on resilience in the face of combat trauma has brought renewed interest in the construct of hardiness. Hardiness, which includes feelings of being in control of one's life, perceiving stressors as challenges to overcome, and being committed to improvement, has been shown to predict better responses to a variety of civilian and military stressors. Parsimony and theory development require examination of the hardiness within the broader context of other personality traits. The current project examines the relationship between hardiness to higher order personality dimensions of positive emotionality (PEM) and negative emotionality (NEM; or neuroticism). The 15 item brief Hardiness scale and items assessing PEM and NEM (from the PSY-5 scales of the MMPI-2) were given to a sample of 987 National Guard soldiers either prior to a deployment ($n = 746$) or during annual training ($n = 241$). Latent variable modeling will be used to examine the extent to which hardiness, as measured by these 15 items, is distinct from PEM and NEM. Competing models will be compared in which hardiness is a distinct (but potentially correlated) factor from PEM and NEM, a facet of PEM, or a facet of NEM.

Personality as Moderators of the Relation Between Military Experiences and PTSD Symptoms

(Abstract #620)

(Mil Emer, Assess Dx)

Caska, Catherine, MS¹; Renshaw, Keith, PhD²

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

²*George Mason University, Fairfax, Virginia, USA*

Personality characteristics (e.g., neuroticism) are related to posttraumatic stress disorder (PTSD), but no research has yet examined them as potential moderators of the association of trauma severity and PTSD symptoms. The current study did so in a sample of 218 male National Guard/Reserve service members deployed to Iraq, Afghanistan, and other Middle Eastern countries since 2001. Significant moderation of both combat and post-battle experiences (PBE) with PTSD was found by extraversion ($ps<.05$), with the association strengthening as levels of extraversion decreased. The relationship between PBE and PTSD also strengthened at decreasing levels of agreeableness, conscientiousness, and openness, and increasing levels of neuroticism in service members (all $ps<.05$). Finally, significant moderation of the relationship between nuclear/biological/chemical exposure and PTSD was also found by openness ($p<.05$), with the association increasing as levels of openness decreased. Higher levels of extraversion and agreeableness, and lower levels of neuroticism, were each related to higher amounts of social support, which is one possible mechanism of the protective features of these personality traits. These findings will be discussed in the context of both personality theory and potential methods for identifying those at greater risk for negative post-trauma sequelae.

Consideration of Dimensional Trait Models to Assess Personality Variation in PTSD

(Abstract #165)
(Clin Res, Assess Dx)

Rose, Kris, PhD²; Smith, Harvey, PhD²; Lee, Kibeom³; Ashton, Michael, PhD¹

¹*Brock University, St. Catharines, Ontario, USA*

²*Carewest OSI Clinic, Calgary, Alberta, Canada*

³*University of Calgary, Calgary, Alberta, Canada*

Although personality change following traumatic events is recognized within both *DSM* and *ICD* classification systems, there has been little research on the relations between the major dimensions of personality and the psychological consequences of traumatic events. When personality changes are considered, they are rarely viewed as adaptations to trauma, but rather as isolated and extreme variants of personality disturbance. Despite explicit caution in the *DSM-IV-TR*, practitioners sometimes attribute the dysfunctional personality traits of traumatized persons as symptoms of Personality Disorders. This can lead to mistaken diagnoses of Axis II conditions, as the dysfunctional traits may have emerged since the onset of the trauma-related disorder. We suggest that personality pathology should be examined in terms of variation in normal personality traits rather than in terms of discrete disorders. One potential advantage of such a focus on normal variation is a better understanding of the variety of personality disturbances in most persons whose posttraumatic symptoms have not caused extreme shifts in identity. Much of the research evidence on the links between psychopathology and normal personality traits has been based on the Big Five or Five-Factor Model (B5/FFM) of personality, but the recently proposed HEXACO model has garnered widespread attention as an alternative conceptualization of normal personality structure. The finding of six basic personality dimensions suggests new hypotheses regarding the relationships between trauma and normal personality variation. Opportunities for research are discussed, including an initiative to study personality variation in military veterans with PTSD using both B5/FFM and HEXACO frameworks.

Workshop

PTSD Sleep Therapy Group Workshop

(Abstract #743)

Workshop (Practice)

International G - 6th Floor

Thompson, Karin, PhD¹; Franklin, Laurel, PhD²; Vandergriff, Jennifer, PhD¹; Wilkinson, Charity, PsyD¹; Fortenberry, Katherine, MS¹; West, Jeffrey, PhD¹; Currier, Joseph, MA¹; Mullins-Nelson, Jana, MA¹

¹*Memphis VA Medical Center, Memphis, Tennessee, USA*

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

Sleep disturbance is a disruptive and debilitating symptom of PTSD. Trauma survivors with insomnia and nightmares exhibit substantially greater distress and impairment than those without these problems. Increasing evidence indicates that posttraumatic sleep disturbances are typically resistant to standard PTSD treatments and warrant independent clinical attention. This workshop will focus on teaching clinicians about an evidence-based sleep program for individuals who are currently diagnosed with PTSD or have significant sub-threshold PTSD symptoms. The workshop guides clinicians through a 6-session group or individual treatment protocol utilizing cognitive-behavioral therapy (CBT) strategies targeting insomnia while also addressing issues specific to PTSD that obstruct initiating and maintaining sleep. Session topics include education about sleep disturbance in PTSD and role of hyperarousal; rationale for CBT strategies to improve sleep quality; relaxation therapy; cognitive control and reducing hyperarousal; sleep hygiene; stimulus control with attention to hypervigilance; sleep restriction; cognitive restructuring; coping with nightmares; and coping with chronic pain. Participants will receive instruction on how to apply each of the sessions. Common treatment challenges will be illustrated through the use of clinical vignettes and case discussion.

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

Thursday, November 5
9:30 a.m. – 10:45 a.m.

Keynote Address

Redesigning PTSD With Empirical Data: Implications for *DSM-V*

(Abstract #1129)

Keynote Address (Assess Dx, Practice) Peachtree Ballroom - 8th Floor

Regier, Darrel, MD, MPH

American Psychiatric Assn, Bethesda, Maryland, USA

The overarching goal of the fifth edition of the Diagnostic and Statistical Manual of Mental disorders (*DSM-V*) is to present the most valid and clinically useful diagnostic classification system to date. The *DSM-V* Task Force and Work Group members are especially mindful of cross-cutting dimensional factors that are not included in existing diagnostic criteria for all diagnoses including posttraumatic stress disorder (PTSD) and acute stress disorder (ASD). Of particular interest will be establishing a "living document" framework for incorporating new etiologic information on gene-environment (traumatic exposure) interactions that will guide future revisions of the *DSM-V*. For now, the use of cross-cutting dimensional assessments of broad psychopathology – including mood, anxiety, sleep, substance use, suicide risk, and somatic symptoms – will help move clinicians closer to the goals of accurate detection, individualized treatment, and improved outcome tracking. This is particularly important for patients with PTSD, who frequently present with comorbid anxiety, mood, and substance use disorders that are often under-recognized and undertreated. The *DSM-V* workgroups are currently examining options for field trials to test these dimensional aspects and help move the field of psychiatry beyond the constraints of the current categorical classification system. Within traumatic stress disorders, for example, the application of a lifespan approach to PTSD may clarify variations in symptomatology, which appear to be developmentally sensitive. Dimensional measures for assessing severity and chronicity are also at issue and impact the identification of appropriate diagnostic thresholds. Capturing the differences in expressions of mental disorders mediated by gender, developmental stage across the lifespan, and cultural background are vital to linking *DSM-V* with international applications of these criteria. Finally, both within traumatic stress reactions and across all diagnoses, the role of functional impairment and disability assessment will be dealt with as a global measure that allows comparison with other medical conditions.

Concurrent Session 2
Thursday, November 5
11:00 a.m. - 12:15 p.m.

Symposium

Longitudinal Examinations of Adjustment Following the VT and NIU Campus Shootings

(Abstract #284)

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

Orcutt, Holly, PhD²; Littleton, Heather, PhD¹; Kumpula, Mandy, MA²; Buck, Katherine, MS¹

¹*East Carolina University, Greenville, North Carolina, USA*

²*Northern Illinois University, De Kalb, Illinois, USA*

While certain traumas represent largely private, individual events, other traumas are best thought of as mass traumas, affecting whole communities. In the face of such trauma, many questions remain regarding how individuals are affected and what predicts favorable and unfavorable adjustment. The current symposium focuses on longitudinal evaluations of the adjustment of college women after two recent mass shootings on the Virginia Tech (VT) and Northern Illinois University (NIU) campuses. The VT shooting occurred on April 16th 2007, and took place in two campus buildings. The shooting was the most deadly in U.S. history, with 33 individuals, including the gunman, killed in the shooting, and an additional 25 wounded. The NIU shooting occurred on February 14th, 2008, took place in a large lecture hall, and similarly involved a lone gunman. Six students including the gunman were killed and 16 were wounded. The four presentations in this symposium examine a number of predictors of students' long-term adjustment after these tragedies including experiential avoidance, cognitive processing style, trauma history, and peritraumatic reactions. Findings presented have clear implications for understanding adjustment after mass traumas and developing targeted interventions for those most in need.

Experiential Avoidance and Peritraumatic Dissociation as Prospective Risk Factors for PTSD

(Abstract # 388)

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

Northern Illinois University, De Kalb, Illinois, USA

Experiential avoidance (EA) and peritraumatic dissociation (PD) have been identified as risk factors for the development of PTSD, however, the relationships between these variables remain unclear, particularly given that pre-index trauma levels of EA and PTSD are not generally available. The present study employed a longitudinal design to examine how EA and PD contribute to the development and maintenance of PTSD symptoms. Data on EA and PTSD were collected from 588 college females prior to a mass shooting at NIU (T1). EA, PD, and PTSD were assessed shortly after the mass shooting (T2, M = 30 days), and EA and PTSD were reassessed approximately 8 months following the shooting (T3). Analyses were conducted using structural equation modeling with ML estimation. Model fit was good. As expected,

EA was relatively stable across time. T1 PTSD symptoms (pre-shooting) did not predict PTSD symptoms immediately post-shooting (T2); however, T2 PTSD symptoms did significantly predict PTSD symptoms at T3. EA was predictive of PD and PTSD at each time point. PD was a strong predictor of PTSD symptoms at T2, however PD did not have a significant direct effect on PTSD symptoms at T3. PD did have a significant indirect effect on T3 PTSD symptoms through its effects on PTSD symptoms at T2. The present study elucidates temporal relationships between important risk factors for PTSD.

Psychological Distancing in Expressive Writing Following a Mass Shooting: Link to PTSD Symptoms

(Abstract # 346)

Orcutt, Holly, PhD¹; Rabenhorst, Mandy, PhD²; Lilly, Deborah, MAP²; Valentiner, David, PhD²; Matuszewich, Leslie, PhD²;

¹*Center for the Study of Family Violence & Sexual Assault, DeKalb, Illinois, USA*

²*Northern Illinois University, DeKalb, Illinois, USA*

Theory and research suggest that experiential avoidance (EA) may underlie symptoms of PTSD, and that EA may impact the relationship between trauma and distress. The present study analyzed a trauma-related expressive writing (EW) sample obtained from 58 female participants during an experimental session shortly after a campus mass shooting. The study examined to what extent psychological distancing (PD) (as one measure of EA) was related to (1) emotion regulation strategies and symptomatology assessed pre-shooting, (2) symptomatology reported approximately 17 days following the shooting as well as during the subsequent EW session, (3) self-reports of emotions and distancing strategies used during the EW session, (4) physiological response and recovery during the EW session (e.g., heart rate, cortisol), and (5) symptomatology assessed approximately 6 months following the EW session. The Linguistic Inquiry and Word Count (LIWC) program was used to assess PD in the expressive writing. Briefly, PD was not significantly related to EA or PTSD symptoms reported pre-shooting, or PTSD symptoms reported shortly after shooting. PD, however, was significantly negatively related to prospective PTSD symptoms, particularly hyperarousal and reexperiencing, reported 6 months post-EW session. Moderators and mediators will be discussed.

Evaluation of a Cognitive Processing Model of Adjustment Following the VT Mass Shooting

(Abstract # 285)

Littleton, Heather, PhD

East Carolina University, Greenville, North Carolina, USA

There is a pressing need to develop an understanding of posttrauma adjustment patterns. Resick and Schnicke (1992) theorized that how individuals resolve the threat of the trauma to existing schemas, such as benevolence beliefs, is key to determining adjustment, and developed a model of three potential adjustment patterns: assimilation (characterized by fitting the trauma within existing schema), accommodation (characterized by altering extant schema) and over-accommodation (characterized by engaging in maladaptive schema change). Littleton (2007) recently supported the utility of examining trauma coping to classify individuals' adjustment

pattern. The current study utilized k-means cluster analysis of a sample of 297 Virginia Tech (VT) women's coping patterns two months after the VT shooting to classify participants into one of these three adjustment groups. Based on this analysis, 110 participants were classified as assimilated, 154 as accommodated, and 33 as over-accommodated. Results supported significant differences in distress (depressive and PTSD symptoms) and schemas (benevolence, justice, self-worth) among the three groups six months and one year after the shooting. Notably, while adjustment differences decreased over time, schema differences became more pronounced. Implications of the results for explaining trajectories of trauma recovery are discussed.

Effects of Multiple Traumas on PTSD and QOL: Mediation of Benevolence Beliefs

(Abstract # 294)

Buck, Katherine, MS; Littleton, Heather, PhD

East Carolina University, Greenville, North Carolina, USA

Research has suggested that the negative impact of trauma on quality of life (QOL) and distress may be cumulative and may be mediated by the impact of trauma on benevolence beliefs. Multiple trauma victims (women who had experienced sexual trauma and who had been exposed to the Virginia Tech (VT) shooting) were compared with single trauma victims (women who had been exposed to the VT shooting). Participants completed a survey prior to shooting as well as six months and one year post shooting. It was hypothesized that multiple trauma victims would report lower environmental QOL, more PTSD symptoms, and more depressive symptoms. It was also hypothesized that they would report less benevolence beliefs, which would then act as a mediator. Mediation analyses were conducted using the three step Baron and Kenny procedure with follow-up Sobel tests. Multiple trauma victims reported lower QOL and more PTSD symptoms, and less benevolence beliefs. Benevolence beliefs were a significant mediator in the case of PTSD and QOL. Multiple trauma victims also reported higher levels of depression; however benevolence did not mediate this relationship. Implications of the results for understanding the impact of working with multiple trauma victims will be discussed.

Attention in PTSD: Turning a Corner

(Abstract #347)

Symposium (Assess Dx, Clin Res)

International E - 6th Floor

Kimble, Matthew, PhD²; Pineles, Suzanne, PhD²; Constans, Joseph, PhD¹

¹*Tulane University, New Orleans, Louisiana, USA*

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

This symposium will present three studies that take an entirely new approach to understanding vigilance and attention posttrauma. The upcoming revision of the diagnostic criteria for PTSD serves as an interesting backdrop for novel methods that generate new empirical foundations that may serve to change the way we look at attention after trauma. The presentations will address some of the central issues to understanding attention post trauma including facilitation, interference, orientation, and rumination and will conclude with a presentation and discussion on how the modification of attentional processes might play a role in recovery.

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

**Attentional Biases in PTSD:
More Evidence for Interference**

(Abstract # 594)

Pineles, Suzanne, PhD^{1,2,4}; Shipherd, Jillian, PhD^{1,2,4}; Mostoufi, Sheeva, BS^{1,2}; Abramovitz, Sarah, BA¹; Yovel, Iftah, PhD³

¹National Center for PTSD Boston, Massachusetts, USA

²Boston VA Healthcare System, Boston, Massachusetts, USA

³Hebrew University, Jerusalem, Israel

⁴Boston University Department of Psychology, Boston, Massachusetts, USA

Attentional biases to trauma-related stimuli have been widely demonstrated in individuals with posttraumatic stress disorder (PTSD). However, the majority of these studies used methods not suited to differentiating difficulty disengaging attention from threatening stimuli (interference) from facilitated detection of threat. In the current study, a visual search task (VST) with a lexical decision component was used to differentiate between attentional interference and facilitation. Forty-six sexual assault survivors with High PTSD or Low PTSD symptoms completed the VST with three types of stimuli (trauma-related, general threat-related, and semantically related neutral words), included to examine the specificity of attentional biases associated with PTSD symptoms. High PTSD participants who engaged in the interference task first showed increased interference to trauma-related words relative to Low PTSD participants. Furthermore, the increased attentional interference in High PTSD participants was specific to trauma-related stimuli. In addition, no evidence was found for facilitated detection of threatening stimuli in PTSD. These results provide additional support for attentional biases in PTSD relating to attentional interference rather than facilitation.

Cognitive Bias Modification Strategies for PTSD

(Abstract # 609)

Constans, Joseph, PhD

Tulane University, New Orleans, Louisiana, USA

Individuals with PTSD have cognitive biases including enhanced attention to trauma-related stimuli and biased interpretations of the meaning of the traumatic event. This presentation reports on attempts to modify cognitive bias using computer-based cognitive bias modification protocols. To study the potential efficacy of attentional bias modification, 13 EMS workers who were exposed to Hurricane Katrina stressors were recruited for participation in an attentional bias modification training study. The results suggested that, while PTSD status was associated with biases to trauma-relevant stimuli at baseline, the training procedures failed to produce the desired modification in attention allocation. Discussion will focus on current efforts devoted to developing computer-based strategies to modify interpretive bias in patients with PTSD.

Eye Tracking and Visual Attention to Traumatic Stimuli in Veterans of the Iraq War

(Abstract # 424)

Kimble, Matthew, PhD¹; Fleming, Kevin, PhD²; Kim, Julia³; Bandy, Carole L.³

¹Middlebury College, Middlebury, Vermont, USA

²Norwich University, Northfield, Vermont, USA

³Toronto District School Board, Toronto, Ontario, Canada

Theoretical and clinical characterizations of attention in PTSD acknowledge the possibility for both hypervigilance and avoidance of trauma-relevant stimuli. This study used eye tracking technology to investigate visual orientation and attention to traumatic and neutral stimuli in nineteen veterans of the Iraq War. Veterans saw slides in which half the screen had a negatively valenced image and half had a neutral image. Negatively valenced stimuli were further divided into stimuli that varied in trauma relevance (either Iraq war or civilian motor vehicle accidents). Veterans higher in PTSD had larger pupils to all negatively valenced pictures and spent more time looking at them than did veterans lower in PTSD. All veterans oriented more quickly to Iraq war pictures, an effect that was exacerbated in those higher in PTSD. The findings suggest that posttraumatic pathology is associated with vigilance and rumination rather than avoidance when processing negatively valenced and trauma relevant stimuli.

Neuroimaging & PTSD: New Findings and Evolving Technologies

(Abstract #906)

Symposium (Bio Med, Res Meth) International F - 6th Floor

Engdahl, Brian, PhD¹; Pardo, Jose, MD, PhD¹; Handwerker, Kathryn, MS²; Pannu Hayes, Jasmeet, PhD³; Shin, Lisa, PhD²; Georgopoulos, Apostolos, MD, PhD¹; Morey, Rajendra, MD³

¹Minneapolis VA Medical Center and University of Minnesota, Minneapolis, Minnesota, USA

²Tufts University, Medford, Massachusetts, USA

³Duke/Durham, VAMC Durham, North Carolina, USA

Neuroimaging has documented abnormalities in brain function and is leading us to a better understanding of memory and emotional processing deficits in PTSD. More generally, neuroimaging is increasing our understanding of responses to trauma, development of PTSD, recovery from PTSD, and resistance to trauma's effects. To elucidate underlying brain abnormalities associated with PTSD, we present data obtained using varying technologies: positron emission tomography (PET), functional magnetic resonance imaging (fMRI), and magnetoencephalography (MEG). Various experimental designs are used: script-driven imagery, affect-triggering pictures and memory tests, and examination of resting states of the brain. These neuroimaging subjects have been exposed to a wide range of trauma: combat and prisoner of war experiences, rape and childhood abuse, motor vehicle accidents, violent crime, etc. The presentation will highlight the growing convergence of findings and implications for treatment, recovery, and resistance to traumatic stress.

Combat Veterans With Active vs. Remitted PTSD; A Script-Driven Imagery Study Using Positron Emission Tomography (PET)

(Abstract # 1101)

Pardo, Jose, MD, PhD; Fahnhorst, Sarah, BA, BS; Dikel, Thomas, PhD; Lee, Joel, MSEE; Hagen, Matthew, MD, PhD; Eberly, Raina, PhD; Engdahl, Brian, PhD

Minneapolis VAMC and the University of Minnesota, Minneapolis, Minnesota, USA

Purpose: Limbic and medial prefrontal region dysfunction characterizes PTSD. We studied brain function during fear states in active PTSD (aPTSD) and remitted PTSD (rPTSD) subjects. Methods: Combat veterans (N=17), unmedicated and free of active comorbidity, underwent PET to examine changes in regional cerebral blood flow during script-driven imagery. Two autobiographic scripts (fear/neutral) were presented to induce corresponding emotional states. PET data were analyzed using SPM, regions of interest, and brain-behavior/seed-voxel partial least squares. Results: The aPTSD group significantly activated the dorsal anterior cingulate and anterior insula while deactivating the rostral anterior cingulate (rACC) and right medial temporal cortex. aPTSD did not show amygdala activation. The rPTSD group had no rACC or insular changes. They activated the dorsomedial prefrontal gyrus and deactivated the right amygdala, gyrus rectus, and the left medial temporal cortex. The most robust change in functional connectivity associated with recovery surfaced in a sign change in covariance between the amygdala and posterior cingulate. Conclusions: PTSD recovery is characterized by alterations in cognitive, affective, mnemonic, and interoceptive circuitry. The differential patterns of between-group activation and connectivity point to candidate structures involved in PTSD recovery.

An fMRI Study of Emotional Memory in Posttraumatic Stress Disorder

(Abstract # 1102)

Handwerker, Kathryn, MS; Offringa, Reid, BS; Pfaff, Danielle, BA; Shin, Lisa, PhD

Tufts University, Medford, Massachusetts, USA

Purpose: Neuroimaging has documented functional abnormalities in the amygdala and hippocampus and deficits in memory for neutral information in PTSD. Whether functional abnormalities in the amygdala and hippocampus affect the emotional modulation of memory in PTSD is unknown. Methods: We used fMRI in 15 (13 female) subjects with PTSD and 14 (8 female) trauma-exposed controls (TECs) to assess BOLD signal during the viewing of positive, negative, and neutral pictures from the International Affective Picture System set. A surprise memory test was administered outside of the scanner one week later. Results: Behavioral results revealed significantly better memory for negative than for neutral or positive pictures across all subjects even when controlling for false alarm rates. No differences in memory for positive and neutral pictures were found. Additionally, no differences in emotional memory were found between PTSDs and TECs. fMRI data were analyzed using SPM2. Analyses revealed significantly greater left amygdala and right amygdala/hippocampal activation in those with PTSD relative to TECs in the Negative>Neutral contrast. Similarly, assessment of subsequent memory revealed greater bilateral amygdala and hippocampus activation in PTSD relative to TECs

in the Negative Remembered>Neutral Remembered contrast. Conclusions: These preliminary results suggest that individuals with PTSD.

Neural Correlates of Emotional Memory in PTSD

(Abstract # 1104)

Pannu Hayes, Jasmeet, PhD¹; Dolcos, Florin, PhD²; McCarthy, Gregory, PhD¹; Labar, Kevin¹; Morey, Rajendra, MD¹

¹*Duke University, Durham, South Carolina, USA*

²*University of Alberta, Alberta, Canada*

Purpose: Emotion usually enhances the encoding of new memories. However, during trauma, emotion disrupts memory for important aspects of the event. The neural correlates of this disruption are poorly understood. Methods: We studied OIF/OEF combat veterans with and without PTSD. We used a subsequent memory design where subjects undergo fMRI scan during encoding, and retrieval data are collected outside the scanner. In the encoding session, subjects viewed negative (combat), neutral, and positive pictures. They were then given a surprise recognition memory test for the stimuli they had viewed the previous week. Imaging data from the first session were analyzed by comparing pictures categorized as subsequently remembered versus subsequently forgotten during the retrieval session. Results: The hippocampus was activated during encoding of emotional trauma pictures > neutral pictures for PTSD subjects (n=15) more so than for controls (n=17). There was differential medial temporal lobe (MTL) activation for emotional versus neutral material, possibly because the amygdala enhances the function of the MTL memory system (modulation hypothesis). Conclusions: We examined the interaction between memory performance and putative memory regions during encoding of trauma-specific material. These data demonstrate that our task robustly activates amygdala, hippocampus, and MTL.

Altered Neural Interactions Assessed by Magnetoencephalography (MEG) in Veterans With PTSD

(Abstract # 1103)

Georgopoulos, Apostolos, MD, PhD; Tan, Heng-Ru May, PhD; Lewis, Scott, MD, PhD; Leothold, Arthur, PhD; Winskowski, Ann Marie, MA; Engdahl, Brian, PhD

Minneapolis Department of (VAMC) and the University of Minnesota, Minneapolis, Minnesota, USA

Purpose: Traumatic experiences can trigger PTSD and lead to functional cerebral changes in dynamic synchronous neural interactions that differentiate the disorder from other brain states. Methods: MEG signals were recorded from 248 axial gradiometers while subjects fixated on a spot of light for 60 s. After fitting an autoregressive integrative moving average (ARIMA) model and taking stationary residuals, all pairwise, zero-lag, partial cross correlations and their z-transforms between i and j sensors were calculated, providing estimates of the strength and sign of direct synchronous coupling at 1 ms temporal resolution. Findings: A subset of z-transforms successfully classified subjects to their respective groups (44 chronic PTSD patients free of comorbidity vs. 198 age-matched healthy controls) and gave excellent external cross-validation results (92% overall correct classification). Conclusions: This chronic PTSD group demonstrated robust differences in cerebral

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

function relative to healthy controls. Studies of those who have recovered from PTSD and those with comparable trauma exposure but no histories of PTSD are ongoing.

Best Practices of Deployment-Related Mental Health Support: International Perspective

(Abstract #186)

Symposium (Practice, Prev EI) International H - 6th Floor

Jetly, Rakesh, MD, FRCPC²; McFarlane, Alexander, MBBS(Hons) MDFRANZCP³; Greenberg, Neil, PhD⁴; Castro, Carl, ILTC¹; Langelaan, Sayar⁵

¹Adelaide, South Australia, Australia

²Canadian Forces, Ottawa, Ontario, Canada

³WRAIR, Silver Spring, Maryland, USA

⁴Universal Consulting Services, Alexandria, Virginia, USA

⁵TNA Defense, Soesterberg, Netherlands

Several countries participate in deployments in the same regions and are confronted with similar (traumatic) stresses. Current knowledge on primary and secondary prevention of mental health problems is implemented in a variety of ways, and is depending on several factors. Implementation of this knowledge leads to best practices that are tailored to the military service. While systems are in place within organizations to minimize the risks of injury, and personnel are specifically trained to deal with threat and danger, there is need for exchange of knowledge about the best practices in implementing and evaluating these strategies. The goal of this symposium is to present information from different countries on their best practices regarding prevention, intervention and treatment of stress-related mental health support in servicemen, both during and after deployment. Focus will be on new developments with regard to training programs, decompression programs, interventions and treatment procedures. There is no competitiveness. Mental health support after deployment should be considered an integral part of the whole chain of mental health support within the military organization. The presentations of expert representatives from different countries may assist in developing new policies or implement in existing policies regarding optimal mental health support after deployment.

An Evolving Process: Post Deployment Mental Health Support in the Australian Defense Force

(Abstract # 565)

McFarlane, Alexander, MBBS(Hons)MD, FRANZCP; Hodson, Stephanie, PhD

University of Adelaide, Adelaide, South Australia

The system of mental health support to members of the Australian Defense Force has progressively evolved over the last decade. There was an earlier acceptance that psychological debriefing was not an effective intervention as the core methodology for mental health support. As a consequence, following the ADF East Timor deployments, a system of mental health screening has been put in place. This has involved the administration of questionnaires prior to returning to Australia, in conjunction with a brief interview of all members by the psychology corp. Those identified as having specific difficulties are referred for care. Post-operational screen is conducted at 3

to 6 months and its administration is a Command responsibility. Members cannot be redeployed without its completion. The trends in morbidity from recent deployments will be highlighted demonstrating the rise in symptoms in the 6 months after returning to Australia. The linking of this screening program to a larger Deployment Health Surveillance Program is a part of system to detect the emergence of physical and psychological morbidity in ADF members that can trigger systematic intervention.

Mental Health Care for Canadian Forces Soldiers-Before, During and After Kandahar

(Abstract # 524)

Jetly, Rakesh, MD, FRCPC¹; McFarlane, Alexander, MBBS(Hons) MDFRANZCP²; Bremner, J. Douglas, MD³

¹University of Adelaide, Adelaide, South Australia

²Canadian Forces, Ottawa, Ontario, Canada

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

Not since Korea have the Canadian Forces (CF) been engaged in combat missions such as those experienced in Kandahar. CF Health Services Group led programs address the psychological stressors throughout the deployment cycle. Predeployment resilience programs are in place. A robust multidisciplinary clinical team (psychiatrists, social workers and mental health nurses) is deployed with the soldiers to Kandahar. Clinical presentations require attention in the context of operational medicine. The challenges of adapting "best practices" from an office to a war zone are many and require flexibility and pragmatism. The CF unique Third Location Decompression (TLD) program aimed at aiding in the transition from "warrior" to spouse, parent etc provides an ideal point for data collection. Barriers to care must be overcome in order to have a successful Mental Health program. The initiatives within The Canadian Forces to address stigma and attitudes towards Mental Illness are multidimensional and have led to compelling data that the "war" on stigma is being fought successfully. Attitudes are changing and CF members are quite progressive thinking. Post deployment treatment uses a multidisciplinary approach aimed at clinical and vocational outcomes.

Support to Homecoming Personnel: The UK Perspective

(Abstract # 976)

Greenberg, Neil, PhD

Universal Consulting Services, Alexandria, Virginia, USA

The UK Armed Forces provide a variety of support to homecoming personnel; these support processes include decompression, psycho-education and a formal check on psychological well-being some 12 weeks or so after personnel have returned home. Key to the UK's support is the use of a 'homecoming DVD' which is shown to all returning personnel whether they are coming to the end of their tour or simply going on R&R. This presentation will briefly introduce the thinking behind the UK's homecoming DVD followed by DVD itself which lasts between for 12 minutes. Questions related to the DVD will then be taken.

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

PTSD Symptoms Across Populations: Implications for Revising the PTSD Criteria in *DSM-V*

(Abstract #1065)

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

Scotti, Joseph, PhD²; Weathers, Frank, PhD¹

¹*Auburn University, Auburn, Alabama, USA*

²*West Virginia University, Morgantown, West Virginia, USA*

A range of issues are being discussed with regard to the *DSM-V* revisions of the diagnostic criteria for PTSD. Such issues include: (a) the definition, and even the necessity, of Criterion A-1; (b) the clinical usefulness of Criterion A-2; and (c) the validity and clinical usefulness of the 17 cardinal symptoms of PTSD. We have seen the proliferation of multiple measures of PTSD, and the argument that cut-off scores (if they are set at all) vary by population and diagnostic context. Common measures, such as the Impact of Event Scale, and PTSD Checklist, and the Mississippi Scale (combat and civilian versions) can have widely different factor structures from each other and with different populations. We argue that it is necessary to reconsider the cardinal symptoms of PTSD, with a focus on those features that are common across populations. In this symposium, we include assessment data from children, college students, adults in the community, persons with disabilities, and veterans of multiple eras. A wide range of ages and events are represented. Across papers, we intend to show those features that are the core of PTSD across persons and events, and which features are clinically useful but not diagnostically necessary. We discuss the implications for on-going work in revising the PTSD criteria for the next version of the *DSM*.

Using Item Response Theory to Identify Core PTSD Symptoms Across Populations and Measures

(Abstract # 1075)

Scotti, Joseph, PhD; Jones, Andrea, BA; Stacom, Elizabeth, BS; Jacoby, Vanessa, BA

West Virginia University, Morgantown, West Virginia, USA

Item Response Theory (IRT; aka Latent Trait Theory) is a modern psychometric approach that has several key advantages in the measurement of underlying "traits" or constructs, such as PTSD. First, is the ability to assess the equivalence of tests items across groups (item bias analysis). Second, is the ability to equate scores on one measure of a construct with a different measure of the same construct. We apply IRT to data from multiple traumatic stress research studies that we have conducted with children (n = 200), college students (n = 500), adults in the community (n = 400), and veterans (n = 1,000). Both *DSM*-based measures (e.g., PTSD Checklist) and other PTSD measures (e.g., Impact of Event Scale) were administered in these studies. We discuss the basics of IRT analyses. We present a comparison of test items across the groups, and test equivalencies. We apply the concept of tailored testing to the identification of core PTSD symptoms that are and are not consistent across the groups. Implications for the revision of PTSD diagnostic criterion in *DSM-V* and *ICD-11* are discussed.

Stability of Core PTSD Symptoms by Age and Era of Military Veterans

(Abstract # 1079)

Unger, William, PhD¹; Bosari, Brian, PhD¹; Scotti, Joseph, PhD²

¹*Providence VA Medical Center, Providence, Rhode Island, USA*

²*West Virginia University, Morgantown, West Virginia, USA*

In revising the criteria for PTSD in the *DSM-V*, one concern is how PTSD presents itself across populations. If groups of people vary in their presentation of the 17 cardinal symptoms of PTSD according to age and traumatic event, then we must consider those features that are common across groups. In the present study, we focus on military veterans of multiple eras, including World War II, Korea, Vietnam, Operation Desert Storm, Operation Enduring Freedom, and Operation Iraqi Freedom. Samples are from several regions of the country (Rhode Island, West Virginia, Mississippi); represent different service eras, age ranges, and times since exposure; and include treatment seeking and non-treatment seeking veterans. Using *DSM*-based measures (primarily the PTSD Checklist), we examine the different factor structures, core symptoms and symptom patterns (using Item Response Theory) evident across these varied samples. Our analyses will include between-sample comparisons of basic descriptive statistics, and a comparison of differences in core symptoms. We discuss the implications for retention of the current diagnostic criteria for PTSD.

Validity and Clinical Usefulness of Fear, Helplessness, and Horror: Retaining Criteria A-2 in *DSM-V*

(Abstract # 1080)

Rabalais, Aline, PhD¹; Ruggiero, Kenneth, PhD²; Scotti, Joseph, PhD³; Jones, Andrea, BA³; Stacom, Elizabeth, BS³; Jacoby, Vanessa, BA³

¹*Lamar University, Beaumont, Texas, USA*

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

³*West Virginia University, Morgantown, West Virginia, USA*

A central issue in the *DSM-V* revision of the diagnostic criteria for PTSD is the current Criterion A-2: A person's response to the event must involve intense fear, helplessness, or horror. Key questions concern whether these emotional responses at the time of the event add anything in terms of construct validity or clinical utility. In fact, it remains an open question as to the accuracy of the recall of such emotions, and their relevance, some years after an event. We present data from a sample of 400 undergraduate students who completed a questionnaire concerning trauma history, and multiple characteristics of the single most distressing traumatic event. In addition to several measures of PTSD symptoms (including the PTSD Checklist), participants rated 90 different emotional responses (including fear, helplessness, and horror) to the single worst event. We show that other negative emotional responses are significantly correlated with PTSD symptoms at levels equal to or greater than the response of fear, helplessness, and horror. We discuss the implications of these and other findings for restructuring Criterion A-2 (e.g., any intense negative peritraumatic emotional response) or simply eliminating it as a diagnostic requirement.

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

Core PTSD Symptoms in Children From Taiwan and the United States: Implications for DSM-V and ICD-11

(Abstract # 1081)

Fortson, Beverly, PhD¹; Chen, Yi-Chuen, PhD³; Scotti, Joseph, PhD²

¹University of South Carolina, Aiken, South Carolina, USA

²West Virginia University, Morgantown, West Virginia, USA

³National Chung Chen University, Taiwan

The symptom picture for PTSD in children is acknowledged as different from that seen in adults. With the revision of both the DSM and ICD diagnostic systems, it becomes critical to not only more fully understand the core symptoms of PTSD as exhibited by children, but to also examine whether the core features differ across cultures. In the present paper, we compare children who participated in two separate studies of PTSD following motor vehicle crashes (MVCs): One study based in the United States, the other in Taiwan. Similar measures of PTSD symptoms were utilized in both studies, including the Impact of Event Scale (IES; in English and translated for children in Taiwan). Children and parents reported on the details of the MVCs, and various additional measures were completed. The two samples will be compared on demographics and other key measures. The focus of the paper will be the factor analyses and item response analyses of the IES data, comparing core symptoms and symptom patterns across the two samples. The findings will be discussed in terms of the core features of PTSD for children, apparent differences from patterns seen in adults, and the implications for a consistent international set of criteria for PTSD.

Treatment of PTSD: More Than Just Symptom Reduction

(Abstract #222)

Symposium (Clin Res, Prev EI) Augusta I - 7th Floor

Perez, Sara, PhD⁶; Iverson, Katherine, PhD¹; Krause, Elizabeth, PhD²; Walter, Kristen, MA³; Cloitre, Marylene, PhD⁴; Dutton, Mary Ann, PhD²; Gradus, Jaimie, MPH¹; Monson, Candice, PhD⁵; Smith, Kamala, BA¹; Resick, Patricia, PhD^{1,7}; Johnson, Dawn, PhD⁸; Palmieri, Patrick, PhD³

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

²Georgetown University Medical Center, Washington, District of Columbia, USA

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⁴New York University Child Study Center, New York, New York, USA

⁵Ryerson University, Toronto, Ontario, Canada

⁶Summa Health System, Akron, Ohio, USA

⁷Boston University, Boston, Massachusetts, USA

⁸University of Akron, Akron, Ohio, USA

Traumatized individuals often report experiencing multiple traumatic events throughout their lifetime and this is particularly true for victims of interpersonal trauma. Those who experience multiple traumas across their lifespan often report more severe and chronic symptoms of PTSD, greater psychosocial dysfunction, and poorer outcomes in psychotherapy. In order to better understand the phenomenon of re-victimization, this series of presentations discusses the role of PTSD in the cycle of victimization and the impact of the treatment of trauma sequelae on re-victimization. The presentation begins with an overview on the extant literature on the relationship between

posttraumatic stress disorder and re-victimization, including recent empirical data. Treatment data is then presented from three patient populations: patients seeking psychotherapeutic treatment from a specialized outpatient clinic for the treatment and study of traumatic stress, women seeking treatment for the impact of interpersonal trauma, and battered women enrolled in a randomized clinical trial of a new cognitive-behaviorally based treatment for PTSD. Results suggest that the successful treatment of PTSD leads to decreased risk of re-victimization at follow-up assessments. The need to treat trauma sequelae to increase patients' future safety and other clinical implications are discussed.

Treating PTSD Reduces Risk of Intimate Partner Violence Risk

(Abstract # 236)

Iverson, Katherine, PhD¹; Gradus, Jaimie, MPH¹; Smith, Kamala, BA¹; Monson, Candice, PhD²; Resick, Patricia, PhD^{1,3}

¹Boston VA Medical Ctr/National Ctr for PTSD, Boston, Massachusetts, USA

²Ryerson University, Toronto, Ontario, Canada

³Boston University, Boston, Massachusetts, USA

Women who develop posttraumatic stress disorder (PTSD) following interpersonal victimization are at risk for future victimization, including intimate partner violence (IPV) (Arata, 2002; Krause et al., 2006). For example, Krause and colleagues (2006) found that PTSD symptoms increased the likelihood of IPV revictimization over time. The current study examined whether treatment for PTSD among female survivors of interpersonal victimization (including, but not limited to IPV) would decrease the risk of future IPV victimization. We investigated whether reductions in PTSD symptoms were related to reduced odds of future IPV victimization among women (n=126) diagnosed with PTSD following interpersonal trauma and were participating in a randomized controlled trial of cognitive processing therapy (Resick et al., 2008). Results from logistic regression analysis indicated that reductions in PTSD symptoms during treatment were predictive of lower odds of IPV at a 6-month follow-up: women who did not lose their PTSD diagnosis during treatment had 6.2 times the odds of experiencing IPV victimization at 6-month follow-up than women who had lost their PTSD diagnosis (95% confidence interval: 1.5, 24.9; p < .05). These findings were upheld even after controlling for previous IPV exposure and depression. These findings have important implications for the prevention of IPV victimization.

The Reduction of PTSD Symptoms Decreases Risk of Future Interpersonal Trauma

(Abstract # 249)

Walter, Kristen, MA¹; Johnson, Dawn, PhD³; Palmieri, Patrick, PhD²

¹Kent State University, Kent, Ohio, USA

²Summa Health System, Akron, Ohio, USA

³University of Akron, Akron, Ohio, USA

Green et al. (2005) found that among trauma-exposed individuals, exposure to multiple traumas was more the rule than the exception. Among individuals exposed to trauma, rates of PTSD have shown to be higher for individuals who have multiple trauma exposures (Green et al., 2005). More specifically, studies suggest that interpersonal traumas are more distressing and related to higher rates of PTSD than non-interpersonal traumas (Kessler

et al., 1994; Norris & Kaniasty, 1994; Resnick et al., 1993). Thus, it is important to reduce the risk of future interpersonal trauma exposure. One factor that may contribute to future interpersonal trauma exposure is PTSD. In the revictimization literature, PTSD has been shown to mediate the relationship between prior traumatic experience and subsequent revictimization (Arata, 2000; Messman-Moore & Long, 2003). The current study was designed to determine if the change in PTSD symptoms over the course of PTSD treatment predicted future interpersonal trauma exposure. Participants were individuals who received PTSD treatment at a specialty outpatient trauma clinic. Results showed that the change in PTSD scores from baseline to discharge negatively predicted future interpersonal trauma at follow-up. Results showed that improvement in PTSD scores from baseline to discharge predicted less future interpersonal trauma at follow-up.

Treating PTSD Impacts Battered Women’s Risk for Re-Victimization Relative to Control Participants

(Abstract # 253)

Perez, Sara, PhD¹; Johnson, Dawne, PhD^{1,2}

¹Summa Health System, Akron, Ohio, USA

²Kent State University, Kent, Ohio, USA

Intimate Partner Violence (IPV) is a significant social problem with national surveys estimating that 1.5 million women are assaulted annually. Research estimates an average of 64% of battered women meet criteria for Posttraumatic Stress Disorder (PTSD). Given that cessation of violence is necessary for recovery from its traumatic effects and that PTSD is related to functional impairment and difficulties in establishing safety, it seems imperative to address PTSD in order to improve functioning and decrease battered women’s risk for re-victimization. Results from a controlled clinical trial investigating a new treatment of PTSD for battered women in shelters (i.e., Helping to Overcome PTSD through Empowerment; HOPE) will be presented. HOPE is a first-stage treatment that addresses the cognitive, behavioral, and interpersonal dysfunction associated with PTSD in battered women. A total of 70 battered women living in shelters were randomly assigned to either receive HOPE or standard shelter services. Preliminary results suggest that those who received HOPE showed significant improvement in PTSD symptoms compared to those who received standard services. HOPE was associated with reduced risk of re-victimization, with 74% of controls and 42% of those who received HOPE reporting any subsequent IPV over a 6-month follow-up. Clinical implications will be discussed.

Role of PTSD in Interpersonal Violence Victimization

(Abstract # 464)

Krause, Elizabeth, PhD; Dutton, Mary Ann, PhD

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

Empirical evidence has been mounting to support the notion that posttraumatic stress disorder (PTSD) may increase risk for trauma reexposure, including interpersonal violence revictimization. Identifying mechanisms by which PTSD may mediate the relationship between interpersonal victimization and revictimization is critical to developing effective intervention and prevention programs. One way investigators have begun to

explore the role of PTSD in revictimization risk is to examine the unique impact of the separate symptom clusters of PTSD. Indeed, recent findings suggest that certain symptom clusters, including emotional numbing (Krause et al., 2006) and hyperarousal (Risser et al, 2006), may increase revictimization risk more than others. This presentation reviews the theoretical and empirical literature examining PTSD (and its separate symptom clusters) as risk factors for interpersonal violence revictimization. Further, original data is presented from a prospective study of 396 women exposed to intimate partner violence. The current study attempts to replicate the findings of Krause et al. (2006) that demonstrated a unique effect of emotional numbing on partner reabuse over and above the other symptom clusters of PTSD. Results are discussed in terms of treatment implications for women seeking services for interpersonal violence and PTSD.

Panel Discussion

Making Evidence-Based Practice User Friendly: A Curriculum for Training “Data-Proficient” Clinicians

(Abstract #486)

Panel Discussion (Media Ed, Practice) International D - 6th Floor

Layne, Christopher, PhD²; Strand, Virginia, DSW³; Abramovitz, Robert, MD¹; Saxe, Glenn, MD⁴

¹Fordham University, West Harrison, New York, USA

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

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

⁴Center for Treatment of Sexual Abuse and Child Trauma, Harvard University, Boston, Massachusetts, USA

Limits in practitioner training in trauma-informed interventions and nationwide shortages in Master’s degreed clinicians are major barriers to accessing evidence-based trauma treatment. Increasing practitioner proficiency through improved clinical training is a key strategy for enhancing the implementation of trauma-informed interventions. Because social workers see more traumatized clients in real-world settings than any other mental health profession, enhancing the capacity of social work programs to produce well-trained trauma practitioners is a high priority. This panel describes the ongoing development of graduate social work curricula that integrate clinical training in trauma treatment with training in the scientific foundations of evidence-based practice (statistics, research methods, and psychometrics). The aim is to create clinically skilled and data-fluent practitioners who judiciously use data in clinical diagnosis, client engagement, case conceptualization, treatment planning, and treatment evaluation. Innovative, case-based trauma treatment courses that use adult learning principles to teach “core” concepts, treatment components, and therapeutic skills are cornerstones of the curricula. Pilot results from a course with N = 50 MSW students will be presented, and efforts to further integrate evidence-based training and trauma-informed training will be discussed.

Participant Alert: The panel will discuss the use of active learning-based exercises that use detailed clinical case vignettes of traumatized youths.

Thursday: 11:00 a.m. – 12:15 p.m.

Workshop

**Child and Family Traumatic Stress
Intervention: Secondary Prevention Model
for PTSD**

(Abstract #383)

Workshop (Prev EL, Child) **International G - 6th Floor****Berkowitz, Steven, MD¹; Stover, Carla, PhD²; Marans, Steven, PhD²**¹*Yale Child Study Center, New Haven, Connecticut, USA*²*Yale University School of Medicine, New Haven, Connecticut, USA*

This workshop will provide an overview of a promising new secondary prevention model for children exposed to a potentially traumatic event. The Child and Family Traumatic Stress Intervention (CFTSI) is a four session secondary prevention model for potentially traumatized children who have experienced a wide array of violent events. It is simultaneously a strategy of psychoeducation, engagement, assessment and brief treatment. The PTSD-RI and Mood and Feelings Questionnaire (MFQ) have been modified to be used concurrently as clinical and assessment tools. The responses to items from these measures from caregivers and the affected child are discussed to increase communication around symptoms and difficulties and improve the caregivers' ability to support the child. The intervention is meant to reduce the incidence of PTSD in children who have been exposed to a potentially traumatic event. A randomized pilot of 100 children aged 7-16 assigned to either CFTSI or a child focused assessment and psychoeducation comparison group within four weeks of a potentially traumatic event revealed significant group differences with CFTSI participants less likely to have symptoms of PTSD and anxiety. A brief description of the evaluation results as well as details of how to implement the CFTSI will be provided.

**Adaptation of Cognitive Processing Therapy
for Torture Survivors in Kurdistan, Iraq****Workshop** **Peachtree Ballroom - 8th Floor****Kaysen, Debra, PhD¹; Lindgren, Kristen P., PhD²; Bolton, Paul, MBBS³; Bass Judith, PhD, MD³**¹*University of Washington, Department of Psychiatry and Behavioral Sciences, Seattle, Washington, USA*²*University of Richmond, Department of Psychology, Richmond, Virginia, USA*³*Johns Hopkins University, Bloomberg School of Public Health, Baltimore, Maryland, USA*

The Kurdish population in Iraq has high levels of exposure to criterion A events including torture, combat, a genocide campaign including chemical weapons attacks, and gender-based violence. Accordingly, there are relatively high rates of PTSD, traumatic grief, anxiety and Major Depressive Disorder in this population. Challenges to using Cognitive Behavioral Therapy include low rates of literacy, high rates of poverty, stigma associated with mental health symptoms, and for some, ongoing exposure to violence. Despite similar challenges, evidence-based psychotherapies such as Trauma-Focused CBT and Interpersonal Psychotherapy have been successfully adapted internationally and cross-culturally. This workshop presents the process of adapting Cognitive Processing Therapy for use with Kurdish torture survivors. We will describe our experiences of travelling to Kurdistan and the process of training Kurdish community mental health providers and clinical supervisors. This is part of a larger 4-arm randomized clinical trial (PI: Bolton). We will discuss the challenges involved in making these adaptations and present preliminary pilot data on the first completed cases.

**Concurrent Session 3
Thursday, November 5
2:00 p.m. – 3:15 p.m.**

Master Clinician

Using Prolonged Exposure Therapy to Emotionally Process Traumatic Memories

(Abstract #1152)

Master Clinician (Practice, Assess Dx) Peachtree D/E - 8th Floor

Riggs, David, PhD

Boston DVAMC, National Center for PTSD (116B-2), Jamaica Plain, Massachusetts, USA

Though many individuals who experience trauma such as war, terror attacks, violence and disaster will recover, those who suffer with post traumatic stress disorder may struggle for years and still be unable to regain a sense of normalcy in their lives. Prolonged Exposure therapy (PE) is one of the most effective and extensively researched approaches to treating PTSD arising from a wide variety of traumas and in individuals with varied and complex presentations including patients with multiple trauma exposures (e.g. chronic abuse, combat, etc.), extremely chronic PTSD, multiple comorbidities, and clinicians who see it as unduly harsh, inflexible, and potentially harmful. PE treatment focuses on helping the client to overcome the natural tendency to avoid distressing imaginal and *in vivo* exposure exercises the therapist and the client work together to approach previously avoided material and to emotionally process the event/memory by exploring changes in meaning, behavior and emotional reactions. By clinical case example, the workshop will illustrate the flexible application of the core components of PE and explore case formulation for treatment.

Participant Alert: Video or client role-play, plus audience participation in PE exercises may be potentially distressing.

Genes, Stress and Trauma: Interactions Shaping Vulnerability to Psychopathology

(Abstract #241)

Symposium (Bio Med, Prev El) Peachtree B/C - 8th Floor

Ressler, Kerry, MD, PhD¹; Kaufman, Joan, PhD²; Koenen, Karestan, PhD²; Bradley, Bekh, PhD¹; Kilpatrick, Dean, PhD³

¹*Emory University, Atlanta, Georgia, USA*

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

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

Understanding the interaction of gene and environmental effects on psychopathology may be best achieved in the area of trauma-related disorders. By definition, trauma-related disorders have a defined trauma, or series of traumas, that describe the environmental insult. Additionally, it has been repeatedly shown that vulnerability to both depression and PTSD has significant genetic heritability. A number of recent studies have begun to examine and describe very interesting interactions between genes involved in stress response and emotion modulation, and trauma history, to predict risk for trauma-related disorders, including PTSD and depression. This symposium will describe

among the most exciting of these very new data as well as advance a discussion of the most effective ways to study genetic influences on trauma-related disorders.

Genes Encoding Key Regulators of Hypothalamic-Pituitary-Adrenal Axis Function: Interactions With Exposure to Childhood Trauma, and Adult Outcomes

(Abstract # 1147)

Bradley, Bekh, PhD

Emory University, Atlanta, Georgia, USA

Context: Gene X environment (GxE) interactions mediating depressive and PTSD symptoms have been separately identified in gene polymorphisms from both the stress-sensitive serotonergic (5-HTTLPR in SLC6A4), corticotropin-releasing hormone (CRHR1) systems, and FKBP5, a regulator of glucocorticoid receptor function. Objective: Examine whether the effects of child abuse on adult depressive symptoms is moderated by direct gene effects and gene x gene (GxG) interactions between CRHR1, FKBP5 and 5-HTTLPR polymorphisms. Design: Association study examining direct genetic and GxE interactions of CRHR1, FKBP5 and 5-HTTLPR polymorphisms and measures of child abuse on adult depressive symptomatology. Setting: General medical clinics of a large public urban hospital and Emory University. Participants: The participant population (N=1392) was African-American, of low socioeconomic status (60% with <\$1000/month family income), and with high rates of childhood and lifetime trauma. Outcome Measures: Depressive symptoms as measured with PTSD symptom scale (mPSS), Beck Depression Inventory (BDI) and history of Major Depression by Structure Clinical Interview based on *DSM-IV* (SCID). Results: We initially replicated an interaction of child abuse and 5-HTTLPR on lifetime SCID diagnosis of major depression in a subsample (N= 236) of the study population – the largest African American 5.

Genetic Interactions With Trauma Exposure in Children Referred to Child-Welfare Services

(Abstract # 1146)

Kaufman, Joan, PhD

Yale University, New Haven, Connecticut, USA

Joan Kaufman is an Associate Professor in the Department of Psychiatry, Yale School of Medicine, and Director of the Child and Adolescent Research and Education (C.A.R.E.) Program within the Department. The C.A.R.E. Program is dedicated to work with maltreated children and their families. The research foci of the C.A.R.E. program are broad and span from neurobiology to social policy. Kaufman is currently involved in research utilizing magnetic resonance and diffusion tensor imaging to examine brain structure and function in maltreated children with Posttraumatic Stress Disorder, research examining genetic and environmental factors that contribute to risk and resiliency in maltreated children, a study evaluating a new intervention developed by the state for children removed from their parents' care due to allegations of abuse and neglect, and other studies examining the impact of early trauma on a broad range of child outcomes. Dr. Kaufman's recent work has focused on the genetic and environmental predictors of early alcohol use, and the role

Thursday: 2:00 p.m. – 3:15 p.m.

of MAOA genotype, maltreatment, and aggressive behavior: the changing impact of genotype at varying levels of trauma. She will discuss some of these recent findings within this symposium.

SERT Polymorphisms and Social Support in PTSD / Hurricane Victims

(Abstract # 1148)

Kilpatrick, Dean, PhD

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

Kilpatrick will describe the results of an epidemiological study of the impact of hurricane exposure on PTSD. They measured the extent to which risk of PTSD was modified by genotype and social support. OBJECTIVE: Disasters are associated with increased risk of posttraumatic stress disorder (PTSD) and major depression. The authors tested the hypothesis that a polymorphism in the serotonin transporter gene (locus, SLC6A4; variant, serotonin 5-HTTLPR) moderates risk of posthurricane PTSD and major depression given high hurricane exposure and low social support. METHOD: The authors interviewed a household probability sample of adults 6-9 months after the 2004 hurricanes about hurricane exposure, social support, and posthurricane PTSD and major depression. DNA was collected from a subset of participants. Participants were 589 adults ages 18 and older from 38 Florida counties who provided valid DNA samples. Outcome measures were DSM-IV diagnoses of posthurricane PTSD and major depression derived from structured interviews. RESULTS: The low-expression variant of the 5-HTTLPR polymorphism increased risk of posthurricane PTSD and major depression but only under the conditions of high hurricane exposure and low social support after adjustment for sex, ancestry (as determined by Bayesian clustering of genotypes), and age. Similar effects were found for major depression.

Beyond Individual-Level Trauma: The Importance of the Social Environment in GxE Studies of PTSD

(Abstract # 423)

Koenen, Karestan, PhD

Harvard School of Public Health, Boston, Massachusetts, USA

Although both genetic factors and features of the social environment are important predictors of posttraumatic stress disorder (PTSD), there are little data examining gene-social environment interactions in studies of PTSD. This paper examined whether features of the social environment (county-level crime rate and unemployment) modified the association between the serotonin protein gene (SLC6A4) promoter variant (5-HTTLPR) and risk for current PTSD in a sample of 590 participants from the 2004 Florida Hurricane Study. Interviews were used to obtain individual-level risk factor measures and DSM-IV PTSD diagnoses. DNA was extracted from salivary samples. County-level crime and unemployment rates were assessed from census data. There was a significant interaction between 5-HTTLPR genotype and both county-level crime rate (odds ratio (OR): 2.68 95% confidence interval (CI): 1.09, 6.57) and unemployment rate (OR: 3.67, 95% CI: 1.42, 9.50) in logistic regression models predicting risk of PTSD, adjusted for individual-level factors. Stratified analyses indicated that the 's' allele of the 5-HTTLPR polymorphism was associated with decreased risk of PTSD in the low-risk environments but increased risk of PTSD in the high-risk environments. These

results suggest that the social environment modifies the effect of 5-HTTLPR genotype on risk of PTSD.

25 Years of ISTSS: Psychodynamic Contributions Then and Now

(Abstract #131)

Symposium (Practice, Cul Div)

International C - 6th Floor

Wittmann, Lutz, PhD, MA⁵; Lindy, Jacob, MD³; Marmar, Charles, MD⁴; Kudler, Harold, MD²; Brett, Elizabeth, PhD¹

¹Yale University, New Haven, Connecticut, USA

²Cincinnati Psychoanalytic Institute, Cincinnati, Ohio, USA

³Durham VA Medical Center, Durham, North Carolina, USA

⁴University of California San Francisco, San Francisco, California, USA

⁵University Hospital Zurich, Zurich, Switzerland

Both ISTSS and psychotraumatology bear the stamp of psychodynamic founders. Psychodynamic theory and clinical experience helped set the foundation for the concept of posttraumatic stress disorder (PTSD) and continue to spawn new theoretical perspectives, new studies and new research instruments. In recent years however, the psychodynamic underpinnings of our field and our Society have been obscured by various "re-framings" of psychological trauma and its effects. These theories are often described as purely biological or distinctly new psychological perspectives which neither require nor imply psychodynamic considerations. This symposium will review psychodynamic contributions to psychotraumatology and ISTSS and analyze recent changes in how they are perceived. Foci will include psychodynamic treatment options which emphasize full consideration of the therapeutic working alliance, the advantages of applying psychodynamic techniques within eclectic treatment plans and development of new, holistic PTSD concepts that integrate biological and psychological findings. Our goal is to raise awareness of psychodynamic contributions, past and present and to stimulate exchange between exponents of psychodynamic and other approaches.

Listening to What the Trauma Survivor Teaches Us: A 30 Year Perspective

(Abstract # 123)

Lindy, Jacob, MD

Cincinnati Psychoanalytic Institute, Cincinnati, Ohio, USA

This paper provides as book-ends, two group treatment experiences in which Dr. Lindy was present as a psychoanalyst, the first a rap group of Vietnam veterans in 1979, and the second, a CPT group for war veterans in 2009. He will focus on the listening for and suppression of newly forming and transforming trauma metaphors. Spanning the interval, he will summarize some of his analytic group's work with trauma-specific transferences, trauma-specific countertransference, and the silent role of shared myth in treatment, giving clinical illustrations. He will try to place in perspective a shift in attitude towards the encounter with the survivor, that derives in part from efforts to replicate evidence-based treatments, but winds up providing a professional rationalization for avoiding empathy and bearing witness. He will discuss some negative implications of blunting the hear-and-now engagement in trauma work, in particular the promoting of the survivor's own spontaneous language to organize and transform his experience. Finally, he will suggest some directions for the future.

**The Body Accepts but the Mind Denies:
A Psychodynamic Perspective on PTSD**

(Abstract # 303)

Kudler, Harold, MD

Durham VA Medical Center, Durham, North Carolina, USA

Most theoretical approaches to Posttraumatic Stress Disorder select a single biological finding or mental process and induce a global model. But what if this reductionism is the single greatest obstacle to a unified theory and effective treatment for PTSD? An alternative would be to understand PTSD as a dynamic arising from the interplay of individual components and systems. At most levels, the body adapts to traumatic experience in ways that make it MORE fit for danger. The mind, however, defends itself conservatively by clinging to pre-traumatic operating principles in the face of posttraumatic concerns. Efforts to distance itself from helplessness and disillusionment lock the mental apparatus in a ruminative state that muddles past and present. This effectively undercuts coordination with somatic adaptation. In short, PTSD can be understood as a dynamic conflict in which body and mind struggle against one another because of their competing modes of adaptation: one accepting and the other denying. This perspective offers new ways to weave disparate biological and psychological findings into a more informative, holistic vision with the potential to inform better treatment.

BDP for PTSD: Relationship to Evidence Based Psychotherapies

(Abstract # 885)

Marmar, Charles, MD

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

Evidence for the efficacy of Trauma Focused-Brief Dynamic (TF-BDP) psychotherapy will be reviewed. Key ingredients of TF-BDP will be presented including rapid establishment of a therapeutic alliance, delineation of trauma focus, countering over modulated and under-modulated traumatic affects, addressing conscious and preconscious pathogenic cognitions including reciprocal views of self as helpless victim and hurtful victimizer, interpretation of core conflicts activated by trauma and their triangulation with developmental conflicts and transference re-enactments with the therapist, and relationship of termination reactions to core conflicts. Key ingredients of TF-BDP will be compared with those of CBT, CPT, DBT, IPT and NET. A final common pathway involving fear extinction learning and traumatic memory reconsolidation is proposed to explain efficacy of treatments from diverse theoretical perspectives.

Trauma and Health Risk Behavior

(Abstract #141)

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

Mosher-Wilson, Sarah²; Dedert, Eric, PhD²; Straits-Troster, Kristy, PhD, ABPP^{1,2}; Eggleston, Angela, PhD²; Beckham, Jean, PhD²

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

²*Duke University, Durham North Carolina, USA*

Four presentations focus on the link between trauma and a variety of health risk behaviors, including obesity, cigarette smoking, and substance abuse. The first study presented investigates the risk for men and women with childhood sexual and physical abuse of developing obesity and problematic eating behaviors. The second presenter uses qualitative data to answer questions about Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans' reasons for quitting smoking, preferred services for smoking cessation, and perceived barriers to accessing treatment for smoking cessation. Another presentation uses electronic daily diary methods to examine the antecedents of and cues related to everyday smoking and post-quit lapses and cravings in smokers with and without posttraumatic stress disorder (PTSD). The final presentation uses samples of both OEF/OIF veterans with PTSD and drug dependent women entering substance abuse treatment to investigate the relationship between trauma, substance abuse, clinical complications, and poor prognosis.

Adverse Childhood Events and Obesity: Results From a U.S. Population-Based Survey of Young Adults

(Abstract # 482)

Dedert, Eric, PhD; Fuemmeler, Bernard, PhD, MPH; Beckham, Jean, PhD

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

We investigated the relationship between childhood abuse and obesity in young adulthood (Mean age=22) in a large, U.S., representative sample (N=15,197). With demographics and depression controlled, men with a history of childhood sexual abuse (CSA) were at increased risk of overweight and obesity (Adjusted OR=1.63, 95% CI:1.03-2.58). No association between childhood abuse and obesity or overweight was observed for women in this sample. Higher percentages of skipping meals to lose weight and problematic eating were observed among women with a history of CSA or physical abuse. This is the first study to note an association between childhood abuse with obesity and problematic weight management behaviors in a sample of young adults.

Tailoring Tobacco Use Cessation Efforts for Returning Combat Veterans

(Abstract # 433)

Straits-Troster, Kristy, PhD; Acheson, Shawn, PhD; Beckham, Jean, PhD

Durham VA Medical Ctr, Durham, North Carolina, USA

Individuals in stressful occupations use tobacco at higher rates than the general population, and US service members deployed to Iraq and Afghanistan smoke at over twice the rate of US population-based samples (44.7% vs.20%). Although there is

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

considerable evidence that military personnel and veterans are interested in tobacco use cessation, little is known about their reasons for quitting, preferences and perceived barriers to effective tobacco cessation treatment. This qualitative study aimed to answer these questions and to solicit specific recommendations for tailoring cessation services. Six focus groups were conducted with OEF/OIF veterans currently smoking or successfully quit. Participants completed a questionnaire to assess smoking history and cessation efforts. Content analysis revealed several themes, including social and stress management functions of smoking and environmental reasons for switching to smokeless tobacco due to military duty around explosives or night patrols. Reasons to quit included various forms of social pressure, concern for health, family, impact of secondhand smoke, and not wanting to be dependent or “weak”. Recommendations for program improvements included innovative incentives to quit, personalized treatment with telephone follow-up, caring providers, peer support and making treatment available for family and/or household members.

Antecedents of Ad Lib Smoking and Post-Quit Lapsing Among Adult Smokers With and Without PTSD

(Abstract # 578)

Wilson, Sarah, BA¹; Dennis, Michelle, BA¹; Calhoun, Patrick, PhD²; Dedert, Eric, PhD²; McClernon, Joseph, PhD¹; Wagner, Ryan, PhD²; Beckham, Jean, PhD²

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

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

Using ambulatory monitoring methods, this study investigated the antecedents of ad lib smoking, post-quit lapses, and post-quit craving in smokers both with and without posttraumatic stress disorder (PTSD). We investigated the association between regular ad lib smoking and related cues in 45 smokers (22 with PTSD; 23 without PTSD), and the association between post-quit cigarette lapses, craving, and cues in 44 smokers (24 with PTSD; 20 without PTSD). During ad lib smoking, PTSD smokers were more likely to smoke when experiencing PTSD symptoms, anxiety, and stress. Following ad lib smoking, smokers with PTSD reported a significant reduction in negative affect. After quitting, PTSD smokers’ craving was significantly associated with PTSD symptoms and they were more likely to lapse while experiencing PTSD symptoms. PTSD smokers were significantly less likely to lapse when experiencing negative affect or stress, or when around others smoking. These results underscore the importance of PTSD symptoms and negative affect in smoking maintenance and relapse among smokers with PTSD. Results will be discussed in the context of treatment development approaches.

PTSD and Alcohol and Other Substance Use

(Abstract # 933)

Eggleston, Angela, PhD; Calhoun, Patrick, PhD

Durham VA Medical Center, Durham, North Carolina, USA

Alcohol misuse and substance use are prevalent among individuals with posttraumatic stress disorder (PTSD). Estimates suggest 35-55% of individuals with PTSD engage in heavy drinking. Marijuana and other substance use typically increases following trauma exposure, with degree of exposure and PTSD diagnosis being associated with the greatest increases.

Substance misuse can lead to substance use disorders; substance use disorders occur three to ten times more frequently in individuals with a lifetime history of PTSD than in those without this diagnosis. The prevalence of these problems in those with PTSD concerns researchers and clinicians, as substance misuse and substance use disorders are associated with clinical complications and poor prognosis in PTSD treatment. The present discussion will address findings concerning these issues in samples of recent U.S. veterans with PTSD and opiate and/or cocaine dependent women seeking entering substance abuse treatment. Evidence suggests that increased vigilance for alcohol and other substance use in those with PTSD, as well as increased focus on PTSD in substance use treatment programs, is warranted.

Symposium

Children and War in Socio-Cultural Context

(Abstract #316)

Symposium (Civil Ref, Child)

Vinings I & II - 6th Floor

ToI, Wietse Anton, PhD

HealthNet TPO, Kathmandu, Nepal

With the changing nature of warfare since the Cold War, children have become ever more vulnerable to the negative impacts of armed conflicts. The majority of current armed conflicts take place in low- and middle-income countries (LAMIC), i.e. in settings already beset by an asymmetrical distribution of scarce resources. Moreover, LAMIC settings present cultural contexts which differ in symptom presentation, help-seeking patterns, functioning and disability, healing traditions, and methodologies required to study these processes.

Mental Health and Trauma Exposures of Child Soldiers Compared to Civilian Children in Nepal

(Abstract # 865)

Kohrt, Brandon Alan, MD, PhD

Emory University, Atlanta, Georgia, USA

To compare the impact of traumatic exposures on the mental health status of former child soldiers compared with never conscripted children in Nepal. A matched-pair cohort study compared the mental health of 141 former child soldiers to 141 never conscripted children matched on age, sex, education, and ethnicity. Measures included Depression Self Rating Scale, Screen for Child Anxiety Related Emotional Disorders, and Child PTSD Symptom Scale. Number of child soldiers meeting cutoff scores were 75(53.2%) for depression, 65(46.1%) for anxiety, and 78(55.3%) for PTSD. Child soldiers had greater odds of meeting cutoff for depression (OR=3.56,95%CI2.33—5.43), and PTSD (boys’ OR=3.85,95%CI1.77—8.39; girls’ OR=6.33,95%CI 2.64—15.17), but no difference for anxiety (OR=1.46,95%CI0.72—2.68). After adjusting for traumatic exposures, soldier status was no longer associated with psychological difficulties or function impairment but remained significantly associated with depression (OR=2.69, 95%CI1.48—4.89) and PTSD among girls (OR=5.98,95%CI 1.86—19.27), but not PTSD among boys (OR=2.38,95%CI0.87—6.50). In Nepal, former child soldiers display greater severity of mental

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health problems compared with children never conscripted by armed groups, and this difference remains for depression and PTSD (the latter especially among girls) even after controlling for trauma exposure.

Interventions for Children Affected by War: Synthesis of Cluster Randomized Trials in Four Countries

(Abstract #398)

ToI, Wietse Anton, PhD¹, Jordans, Mark, PhD²; de Jong, J.T.V.M.²; Komproe, Ivan PhD²

¹*HealthNet TPO, Kathmandu, Nepal*

²*HealthNet TPO, Amsterdam, Netherlands*

Recent reviews of the literature show an enormous gap between child mental health needs and services in low- and middle-income countries affected by war. Although the implementation of psychosocial services, mainly by humanitarian actors, has become increasingly popular there is very little robust knowledge on the efficacy of such services. Such knowledge is essential for treatment planning and improvement.

As part of a public mental health program in four war-affected settings, research was conducted to establish the efficacy of the Classroom Based Intervention (CBI), a secondary preventive school-based intervention. We compared children who were randomly assigned to either a treatment (Burundi N=153, Indonesia N=182, Nepal N=164, Sri Lanka N=210) or a waitlist condition (Burundi N=176, Indonesia N=221, Nepal N=161, Sri Lanka N=210). Children were assessed before and after the intervention on psychological symptoms (PTSD symptoms, depression, anxiety, aggression), resilience variables (coping, social support) and function impairment.

Results showed that CBI was not uniformly effective in all settings. Although positive results were found in Indonesia and Nepal, we did not find positive effects for the intervention in Burundi and Sri Lanka. This presentation will discuss contextual variables as explanations for this variation, and recommends avenues for further research.

Sierra Leone’s Former Child Soldiers: A Follow-Up Study of Psychosocial Adjustment and Community Reintegration

(Abstract #1114)

Betancourt, Theresa Stichick, ScD

FXB Center for Health and Human Rights, Boston Massachusetts, USA

This study examines risk and protective factors in the psychosocial adjustment of male and female former child soldiers in Sierra Leone (n=156, 13% female) first interviewed after reintegration in 2002 and followed up two years later. Average age at abduction in this sample was 10.51 years with an average length of abduction of 4.68 years. Exposure to violence was high in the sample. Of the war related events examined, killing others and experiencing rape had a particularly toxic influence on long-term psychosocial adjustment, and predicted increases in hostility and anxiety over time. Staying in school and changes in community acceptance exerted the largest positive impact on psychosocial adjustment. In particular, increases in community acceptance between baseline and follow up demonstrated a significant inverse relationship with depression

and were associated with improved confidence and prosocial attitudes over time. Retention in school was also associated with greater prosocial attitudes. Our findings indicate no justification for an approach to targeting services at war-affected youth based on simple labels such as former child soldiers without individualized assessment. For youth with accumulated exposures to toxic forms of violence, access to additional rehabilitative services may be important to maximize their full potential.

New Advances in Understanding PTSD’s Latent Structure

(Abstract #107)

Symposium (Access Dx, Res Meth) Augusta I - 7th Floor

Elhai, Jon, PhD³; Naifeh, James, PhD¹; Forbes, David, PhD²; Palmieri, Patrick, A., PhD⁴

¹*University of Mississippi Medical Center, Jackson, Mississippi, USA*

²*Australian Center for Posttraumatic Mental Health, East Melbourne, VIC, Australia*

³*University of Toledo, Toledo, Ohio, USA*

⁴*Summa Health System, Akron, Ohio, USA*

Numerous studies examining PTSD’s latent structure have been published in recent years, primarily using confirmatory factor analysis. New advances in latent variable modeling now allow for a more refined and thorough analysis of PTSD’s factor structure. This symposium brings together papers that move the PTSD factor analytic literature to new, previously unexplored ground. The authors present data on the following topics relevant to PTSD’s factor structure: differences in factor structure as a function of whether PTSD is assessed based on global trauma history or a single worst traumatic event; teasing apart the relationship between effortful avoidance and hyperarousal symptoms, and their effects on factor structure; and exploring empirically defined subgroups of PTSD patients based on differences in PTSD’s factor structure. These presentations include a variety of trauma-exposed samples, including military veterans, clinical and non-clinical civilian groups. Results from these studies assist in understanding and resolving conflicting literature findings regarding the best fitting PTSD factor models.

Differences in PTSD’s Structure From Assessing Symptoms With or Without Reference to a Worst Trauma

(Abstract # 108)

Elhai, Jon, PhD¹; Engdahl, Ryan, MA²; Palmieri, Patrick, PhD³

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

²*University of South Dakota, Sioux Falls, South Dakota, USA*

³*Summa Health System, Akron, Ohio, USA*

We examined effects of a methodological manipulation on the Posttraumatic Stress Disorder (PTSD) Checklist’s factor structure: specifically, whether respondents were instructed to reference a single worst traumatic event when rating PTSD symptoms. Non-clinical, trauma-exposed participants were randomly assigned to one of two PTSD assessment conditions: referencing PTSD symptoms to their worst trauma (Trauma Linked group, n=218), or to their overall trauma history in general (Trauma Non-Linked group, n=234). A third group of non-trauma-exposed participants rated PTSD symptoms globally from any stressful event (n=464). Using confirmatory factor analysis, the four-factor PTSD model proposed by King, Leskin, King, and

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Weathers (1998; separating effortful avoidance and emotional numbing) demonstrated the best model fit for non-trauma-exposed participants. The four-factor PTSD model proposed by Simms, Watson, and Doebbeling (2002; emphasizing a general dysphoria factor) demonstrated the best model fit for Trauma Linked participants. Measurement invariance testing revealed that non-trauma-exposed participants were different from both trauma-exposed groups on factor structure parameters, but trauma groups were not substantially different from each other. Monte Carlo simulations confirmed the analyses had adequate statistical power.

Heterogeneity in the Latent Structure of Posttraumatic Stress Disorder

(Abstract# 133)

Naifeh, James A., PhD

University of Mississippi Medical Center, Jackson, Mississippi, USA

University of Mississippi Studies applying confirmatory factor analysis (CFA) to the study of posttraumatic stress disorder (PTSD) have consistently demonstrated the superiority of two particular four-factor models over alternative conceptualizations. Despite these advances, research findings continue to be mixed regarding which of these models provides the best representation of PTSD's latent structure. In an effort to generate greater understanding of how these models perform, this presentation discusses a study that used factor mixture modeling to identify heterogeneity (i.e., latent classes) within these competing PTSD factor models. Data were analyzed from a sample of 405 Canadian veterans evaluated for PTSD. As hypothesized, each four-factor model was best represented by two latent classes of participants, differing with respect to PTSD symptom severity. Classes were most strongly distinguished by factor scores related to emotional numbing or dysphoria. For both models, class membership was significantly predicted by age and depression diagnosis. Findings are discussed within the context of the extant PTSD CFA literature.

Internalizing and Externalizing Classes in Posttraumatic Stress Disorder: A Latent Class Analysis

(Abstract # 139)

Forbes, David, PhD¹; Elhai, Jon, PhD²; Miller, Mark, PhD³; Creamer, Mark, PhD⁴

¹*Australian Center for Posttraumatic Mental Health East Melbourne, VIC, Australia*

²*University of Toledo – Psychology, Toledo, Ohio, USA*

³*National Center for PTSD, Boston, Massachusetts, USA*

⁴*Centre for Posttraumatic Mental Health, West Heidelberg, VIC, Australia*

This study used Latent Class Analysis (LCA) to examine the replicability of a typology of personality profiles of individuals with PTSD based on internalizing versus externalizing dimensions of psychopathology. An LCA was performed on a new dataset of MMPI-2 PSY-5 scale data drawn from 299 Australian combat veterans with PTSD. LCA results confirmed the hypothesized three-class model, identifying a PTSD externalizing class defined by elevated Aggressiveness and Disconstraint, a PTSD internalizing class defined by elevated Introversion and a third Simple PTSD class with personality scores in the normal range. The internalizing/externalizing model was then confirmed in a series of Multivariate General Linear Model analyses using

MMPI-2 clinical, selected content and supplementary and personality disorder scales and further validated using external self-report and psychiatric-interview derived diagnoses. While the model was confirmed, the study failed to find a difference between the internalizing and externalizing classes on alcohol use disorder. Considerations of this finding in the context of the self-medication hypothesis and implications of the model for tailoring of treatment are discussed.

Using Additional Indicators of PTSD Factors May Help Demonstrate More Clearly Their Distinctiveness

(Abstract #587)

Palmieri, Patrick, PhD

Summa Health System, Akron, Ohio, USA

Many CFA studies have demonstrated that the 3-factor model of PTSD symptoms (re-experiencing, avoidance, hyperarousal) is not a good representation of the latent structure of PTSD. Alternative models, including a 4-factor model that separates avoidance into distinct effortful avoidance and emotional numbing factors (King et al., 1994), have demonstrated better model fit. Most research supporting such models has been based on 17-item, DSM-correspondent measures that provide only two indicators of the avoidance factor. Two indicators likely do not fully assess this (or any) factor and thus may yield less stable factors and obscure their distinctness from each other and from external variables. In the current study, adult Israeli citizens exposed to war and terrorism were administered either the original PTSD Symptom Scale or an expanded version based on Asmundson et al. (2004) that more broadly assessed avoidance by tearing apart the two avoidance symptoms into five separate symptoms. CFAs demonstrated that the 4-factor numbing model fit well in both cases; however, the 5-indicator avoidance factor was somewhat more distinct from the numbing factor and external variables than was the 2-indicator avoidance factor. The results indicate the importance of more fully covering factor space when examining the latent structure of PTSD.

Panel Discussion

Newly Returning Service Members: Overcoming Unique Barriers to Assessing, Diagnosing, and Treating

(Abstract #325)

Panel Discussion (Mil Emer, Practice) International D - 6th Floor

Aaen, Tanya, PhD¹; Wright, Theodore, PhD¹; DeViva, Jason, PhD²; Jakupcak, Matthew, PhD³; Collie, Claire, PhD⁴

¹*VAMC, Salem & University of Virginia School of Medicine, Salem, Virginia, USA*

²*VA Connecticut Health Care System, Newington, Connecticut, USA*

³*Seattle VA Medical Center, Seattle, Washington, USA*

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

Concern has been mounting for service members returning from current military conflicts. Recent research has suggested that many of these individuals are not fully utilizing resources and/or engaging in the treatment process. There are several unique issues related to this population that complicate

provision of mental health services. Some of these issues are related to accuracy of diagnosis, multiple members of the same unit seeking treatment within the same clinic, safety related concerns, risk taking behaviors, and maintaining engagement in treatment. This panel will address factors that relate to the assessment, diagnosis, and treatment of newly returning service members.

Impact of Clinical & Diagnostic Advances on Models for Graduate Training in Disaster Mental Health

(Abstract #493)

Panel Discussion (Disaster/Med Ed) International H - 6th Floor

Demaria, Thomas D., PhD³; Gurwitch, Robin, PhD²; Jacobs, Gerard, PhD²; Rosenfeld, Lawrence, PhD⁴

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

²Disaster Mental Health Inst, Vermillion, South Dakota, USA

³LI University C.W. Post, Oceanside, New York, USA

⁴University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

Advances in our understanding of the diagnosis of post traumatic stress disorder has led to significant changes in the ways clinicians deliver treatments. In many graduate programs, training now includes education on bio-psycho-social advances in the assessment of trauma and on the delivery of evidence based and evidence supported practices. The impact and utility of these scientific developments on graduate training in the delivery of comprehensive disaster mental health services is not clear because of the diversity of training models currently employed and the complexity of disaster responses. The scope of disaster responses may indeed primarily contribute to this delay in accommodation. Disaster mental health responses involve a variety of interventions which hope to both prevent and address developing or existing mental health impairment. In addition, disaster responses are often tailored to be delivered in a variety of contexts, to diverse demographic and cultural groups and at different stages of post disaster recovery. The panel will explore ways in which different models of graduate training in disaster mental health response may or may not be able to incorporate these advancements in our clinical understanding of traumatic stress.

Case Study

Efficacy of Clinical Mental Health Services to Young Veterans in the Netherlands

(Abstract #889)

Case Presentation (Mil Emer/Practice) International F - 6th Floor

Morren, Trudy, PhD

Centrum 45, Oegstgeest, Netherlands

There is growing attention for the efficacy of health services offered to ex-military in the Netherlands. Foundation Centrum '45 is an institute for specialist treatment of complaints resulting from persecution, war and violence. Approximately eighty young veterans are being referred yearly. Half follows clinical treatment. Most of them served in Libanon (1979-1980/82), Bosnia and/ or Kosovo (1994-1998/99) and Iraq and Afghanistan. Their health complaints are being assessed systematically at intake,

during and at the end of treatment. Co-morbidity of symptoms is striking. Multidisciplinary treatment is built on practice-based guidelines of subsequently stabilisation, confrontation and reintegration. In this case study presentation, three cases of ex-military in clinical treatment will be described. Data presented shed light on: 1.) their demographic, background and psychosocial health characteristics (using psychometric data as well), 2.) the treatment services and 3.) the change in health over course of treatment. Caveats and opportunities will be illuminated. The focus will be on: what is the best treatment possible for these young ex-military? This presentation will lean on the notions of extensive co-morbidity of symptoms and diagnoses that veterans often present. Through an interactive discussion the aim is to contribute to disentangling the concept of 'complex trauma'.

Workshop

First Aid for the Front Line: Dealing With Vicarious Trauma

(Abstract #544)

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

Sexton, Sara "Sally", PhD

Scottsbluff, Nebraska, USA

Using material from Pearlman, PhD and Saakvitne, PhD, this will be an interactive workshop for all of those working with trauma survivors. Participants will gain an awareness of the concept of 'vicarious trauma' and will learn to connect the relevance of this phenomenon to personal self care and perhaps social action. Clinical providers and others exposed to traumatic events will learn how to identify the signs and symptoms of vicarious trauma, as well as means to address these symptoms. All clinicians who work with difficult populations know the impact this type of work has on our lives. The workshop will not only provide an opportunity to discuss this phenomenon further, but also to gain a sense of 'normalization' of the impact of hearing, over and again, stories of humans' mistreatment of each other. Further, participants will have the opportunity to see how signs and symptoms of vicarious trauma can be transformed into healing, purpose, and positive transformation.

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

**Concurrent Session 4
Thursday, November 5
3:30 p.m. – 4:45 p.m.**

Presidential Panel

International Society for Traumatic Stress Studies Over Time

(Abstract #1136)

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

Green, Bonnie, PhD¹; Danieli, Yael, PhD²; Pynoos, Robert²;
Friedman, Matthew, MD, PhD³; Briere, John, PhD¹; Newman, Elana, PhD⁴

¹Georgetown University Medical School, Washington, District of Columbia, USA

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

³University of Tulsa, Dept of Ps, Tulsa, Oklahoma, USA

⁴National Center for PTSD, White River Junction, Vermont, USA

This panel will examine the history of the Society over time. Each past president on the panel represents 20% of the life of the organization. These past presidents will discuss the types of issues and concerns that he or she was dealing with at the time of their presidency, their efforts to conceptualize and live up to the values of the Society, and any individuals and organizations that played an important role during their presidency. The speakers will be Dr. Yael Danieli (3rd Society President), Dr. Robert Pynoos (6th Society President), Dr. Matthew Friedman (10th Society President), Dr. John Briere (16th Society President), and our most recent past President, Elana Newman (21st President).

Master Clinician

**Acceptance and Commitment Therapy:
Bringing Values to Life Following Trauma in Clinical Cases**

(Abstract #1133)

Featured Speaker (Practice, Assess Dx) **Peachtree D/E - 8th Floor**

Walser, Robyn, PhD

National Center for PTSD, Menlo Park, California, USA

Many individuals who suffer with post traumatic stress following acts of terror, war, disaster and violence struggle to regain their pre-trauma lives. Once held personal values are often lost to disbelief and pain. They are also lost to the efforts and desire to avoid traumatic memories, painful feelings and unwanted thoughts. This loss, plus the avoidance strategies themselves, can have a powerful negative impact on individuals diagnosed with PTSD and other trauma related disorders. Acceptance and Commitment Therapy (ACT) is an intervention that targets avoidance by addressing problematic control strategies; and by promoting acceptance of internal experience through practices of willingness and being present in the current moment. Additionally, ACT explicitly explores valued living and works with clients to regain lost values by engaging in behavior change that

is consistent with those values. ACT is a structured intervention that applies mindfulness and behavioral techniques in the treatment of PTSD. Although the research with ACT and the treatment of PTSD is young in its development, it is promising. By clinical case example, the workshop will illustrate the flexible application of the core components of ACT and explore case formulation for treatment.

Participant Alert: Video or client role-play, plus audience participation in ACT exercises may be potentially distressing.

Symposium

Mechanisms Underlying Transmission of PTSD and Trauma-Related Risk Across Generations

(Abstract #309)

Symposium (Soc Ethic, Child) **International C - 6th Floor**

Sanchez, Mar, PhD³; Sullivan, Regina, PhD²; Cloitre, Marylene, PhD²; Bradley, Bekh, PhD¹; Yehuda, Rachel, PhD³; Ressler, Kerry, MD, PhD¹

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Given the high numbers of trauma-exposed mothers present in multiple vulnerable populations (e.g., combat veterans, survivors of terrorism, natural disaster evacuees) a critical gap exists in our knowledge about processes/mechanisms that may lead or transmission of trauma related risk across generations. The goal of the proposed symposium is to present recent translational and behavioral research on psychological and biological processes that are potential mechanisms underlying trans-generational risk/resilience associated with maternal trauma exposure and maternal PTSD. The proposed symposium will also address implications of the presented data for the development of empirically grounded approaches to prevention and intervention.

Trauma Exposure and Stress Response in Mothers and Their 6-12 Year Old Children

(Abstract # 497)

Bradley, Bekh, PhD¹; Jovanovic, Tanja, PhD¹; Gapen, Mark, PhD²; Cloitre, Marylene, PhD²; Ortigo, Dorthie¹, MA³; Weiss, Tamara, MD³

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Trauma exposure and PTSD are disproportionately common in low-income, urban women and their children. Data suggests that multiple risk factors impacting this population (e.g., having limited access to health and mental health care) may combine to create a "perfect storm" of increased trauma- and PTSD-related risk not only across the lifespan, but potentially across generations. Despite this, little data on the relationship between maternal trauma exposure/PTSD and child risk/resilience has been gathered in this population. We will present early data from a recently implemented study focused on PTSD resilience/vulnerability in a sample of low-income, urban mothers and

6-12 y/o children. Our data will compare 3 groups of mothers (no trauma exposure, trauma exposure/PTSD, and trauma exposure/no PTSD) and their children. We have gathered data on multiple relevant variables including: maternal response to a fear conditioning paradigm, parenting style, maternal attachment, child behavior, a mother-child interaction task, child trauma exposure/PTSD symptoms and child fear response. Our initial findings demonstrate a significant relationship between maternal status and parenting style/ stress, child behavior and maternal fear response. In addition to presented data we will discuss implications for future research and for the development of empirically grounded interventions.

Maternal PTSD and Risk for Psychopathology and Compromised Socioemotional Competencies in Children

(Abstract # 656)

Cloitre, Marylene, PhD

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

Over two dozen studies have found that following a traumatic stressor to which both parent and child have been exposed, parental symptom status is the most consistent predictor of psychological problems for the child as compared to any variable related to the traumatic event itself (e.g., magnitude of the event, injury to self). We report on data from a prospective study of 100 mothers and their children (ages 6-12) who experienced the death of a family member related to the 9/11 terrorist attack. The assessments indicated that children with PTSD negative mothers showed improvement over time in both reduction of PTSD and other symptoms as well as maintenance of socio-emotional competencies, while in contrast, those with PTSD positive mothers showed increasing rates of PTSD and decreasing socio-emotional competencies, suggesting the iatrogenic effects of maternal PTSD. Salient symptoms of PTSD include emotion regulation difficulties and these symptoms have been associated with poor parenting and adverse effects on children. We describe a brief early preventive intervention Emotion-Focused Parenting Program for mothers with PTSD which highlights parental emotion awareness and modeling of regulation skills and will report pilot data concerning the efficacy of the treatment in reducing maternal PTSD and improving parenting skills.

Developmental Consequences of Adverse Caregiving in Nonhuman Primates

(Abstract # 858)

Sanchez, Mar, PhD

Emory University, Atlanta, Georgia, USA

Disruptions of the parent-infant relationship are forms of early life stress associated with increased risk for psychopathology. In the case of childhood abuse, this is a devastating experience in humans, but it has been reported in nonhuman primates as well, both in captivity and in the wild. In this presentation, we will review how research with nonhuman primate models has helped us understand the causes and developmental consequences of childhood maltreatment in humans. Our findings suggest that adverse caregiving impacts the proper development of socioemotional behavior, stress responses and neural substrates underlying these functions in macaques. The brain serotonin system is particularly affected and its alterations are strongly associated with increased emotional reactivity, aggression and

the perpetuation of abuse in this species. The early traumatic experiences also have enduring effects on the development of myelinated braintracts (e.g. prefrontal circuits), which could lead to altered threat perception and control of impulsive aggressive responses in these animals. In sum, nonhuman primate models of infant maltreatment constitute unique and naturalistic models of human childhood maltreatment that can help us understand its developmental effects and the neurobiological mechanisms underlying its transgenerational transmission.

The Neurobiology of Infant Attachment and Fear Suppression in Developing Rats

(Abstract # 901)

Sullivan, Regina, PhD

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

Attachment to the caregiver combines predisposed proximity seeking, learning to identify the attachment figure and fear suppression. To understand how attachment suppresses fear we characterized the neurobiology of attachment learning and fear suppression in infant rats. Infant rats have a sensitive period of facilitated odor learning to supports learned approach responses to the caregiver's odor. Association of an odor with maternal care or milk supports learning of approach responses. Paradoxically, odors paired with an 'abusive' mother, tailpinch or 0.5mA shock also support learned odor approach. With sensitive period termination, approach learning is more restrictive and amygdala-dependent fear learning emerges due to pups' increasing endogenous corticosterone (CORT). However, recent data shows sensitive period learning is still available to postsensitive period pups, but only with the mother. Specifically, maternal presence prevents the shock-induced CORT increase required for infant amygdala plasticity. The mother suppresses hypothalamic PVN NE to attenuate the HPA axis and CORT. This suggests infants' process fear differently from adults, with unique control of neural plasticity by the stress system via CORT. Understanding of infants' unique neural processing may provide clues to the enduring effects of early life experience and potential pathway to pathology.

Information Processing and PTSD: Cognitive Research Across Different Stages of Processing

(Abstract #272)

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

Fani, Negar, MS²; Bremner, J. Douglas, MD¹; Gapen, Mark, PhD¹; Vermetten, Eric, MD, PhD³

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

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

³*Military Mental Health - Research, Utrecht, Netherlands*

Models of pathological anxiety suggest that traumatized individuals who develop Posttraumatic Stress Disorder (PTSD) demonstrate a characteristically biased style of information processing; at even the earliest stages of processing, adults with PTSD appear to allocate a disproportionate amount of cognitive resources to trauma-related, versus neutral, stimuli. Disruptions in cognition have also been observed downstream; neuropsychological studies of traumatized adults have revealed patterns of cognitive impairments that correspond with PTSD status, including encoding and retrieval of stimuli. An increasing number of neuroimaging studies are demonstrating how these patterns of cognitive impairment relate to atypical

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functioning in specific neural structures and circuits. Over the past couple decades, neuropsychological studies of PTSD have converged to reveal patterns of bias to and impairment in cognitive measures across various stages in information processing, including attention, working memory, and stimulus differentiation or categorization. This symposium will discuss information-processing research that is currently being conducted with different traumatized populations in order to gain a more precise understanding of the cognitive mechanisms of PTSD, and the implications of these data for future neuroimaging research.

Attention Bias and PTSD: A Case for Ecologically Salient Stimuli

(Abstract # 289)

Fani, Negar, MS²; Bradley, Bekh, PhD¹; Ressler, Kerry, MD, PhD¹; McClure-Tone, Erin, PhD¹

¹Emory University, Atlanta, Georgia, USA

²Georgia State University, Atlanta, Georgia, USA

Neuropsychological studies suggest that adults with PTSD show a distinct attentional bias for trauma-related stimuli compared to PTSD-free traumatized controls. However, the populations studied and methods employed limit the ecological validity and generalizability of these findings. We previously used the dot probe task, which requires no verbal skill and permits directional measurement of attention bias, to examine the relationship between attentional preference and PTSD in an understudied population: highly-traumatized, African-American urban primary care patients. We found that patients with more PTSD avoidance/numbing symptoms demonstrated a bias toward happy facial expressions. Given that dot probe stimuli consisted largely of White faces, and that our sample was primarily African-American, we replicated the earlier study with a racially diverse stimulus set to address potential confounding effects of viewing other-race faces on bias scores. In this data set, we found that PTSD symptoms correlated significantly with attentional avoidance of threatening African-American faces (n=34, r=-.38, p<.05); however, no significant patterns of attentional bias were found for White faces (any expression). These data provide compelling evidence that more ecologically valid stimuli and precise measures are needed in PTSD cognitive research, particularly with understudied populations.

Declarative Memory for Neutral and Emotional Material in PTSD

(Abstract # 773)

Bremner, J. Douglas, MD¹; Fani, Negar MS²; Afzal, Nadeem, MD¹; Goldberg, Jack, PhD⁴; Reed, Lai, MBA³; Vaccarino, Viola, MD, PhD³

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³River Oaks Hospital, New Orleans, Louisiana, USA

⁴UW, Carlsborg, Washington, USA

Posttraumatic stress disorder (PTSD) has been characterized as a disorder of learning and memory. We have previously shown deficits in verbal declarative memory function in PTSD. Several recent studies have added to and extended these findings. A study of twins discordant for Vietnam combat-related PTSD showed deficits in a declarative memory task in twins affected with PTSD compared to non-PTSD twins. Another study of women with a history of sexual assault-related PTSD showed deficits in a

neutral declarative memory task but not an emotional declarative memory task. These findings are consistent with deficits in verbal declarative memory in PTSD.

Facial Emotion Recognition Difficulties in Individuals With PTSD Symptoms

(Abstract # 668)

Gapen, Mark, PhD

Emory University, Atlanta, Georgia, USA

Recent studies have found hyper-responsivity of the amygdala in individuals with PTSD in response to emotional facial stimuli. The amygdala has been implicated in both the processing of emotions and facial expressions. On the behavioral side, facial emotion recognition difficulties have been found in individuals with a variety of psychiatric disorders. Finally, facial emotion recognition difficulties have been found in maltreated children. The current study tested the facial emotion recognition abilities of a subset of participants from a NIMH-funded study investigating environmental and genetic risk factors for PTSD in a sample of low SES, African American men and women seeking care in the primary care clinics of a public urban hospital. I found that individuals with a CAPS diagnosis of PTSD made more errors to faces (p<.05) on the DANVA-II. Specifically, individuals with symptoms of PTSD made more errors to fearful faces after controlling for symptoms of depression (p<.05). Thus, facial emotion recognition may be one mechanism underlying interpersonal difficulties and may merit consideration as we move towards DSM-V.

Comparative Analyses of Cross-Cultural Trauma Symptoms and the Influence on Clinical Services

(Abstract #308)

Symposium (Cul Div, Assess Dx)

Augusta I - 7th Floor

Murray, Laura, PhD¹; Skavenski, Stephanie, MPH, MSW¹; Spates, C. Richard, PhD³; Bolton, Paul, MB, BS²; Bass, Judith, PhD, MPH¹

¹ Johns Hopkins University School of Public Health, Baltimore, Maryland, USA

² Scituate, Massachusetts, USA

³Western Michigan University, Kalamazoo, Michigan, USA

In understanding trauma, it is important to understand how its impact varies by culture and situation. Understanding local symptom presentations is critical to designing and implementing appropriate clinical services. This symposium will highlight international work with both adults and children. Content will include: presentation of cross-cultural data on trauma symptoms, description of how this affected the choice of clinical services, and how appropriate these decisions have proven to be. Discussions will include similarities and differences with Western-based classification systems, and implications for the extent and appropriateness of the use of these systems globally.

The Influence of Culture-Specific Trauma Symptoms on Clinical Services in Zambia

(Abstract # 386)

Murray, Laura, PhD¹; Mwiyia, Imasiku²

¹ Johns Hopkins University School of Public Health, Baltimore, Maryland, USA

²University of Zambia, Lusaka, Zambia

In the West, the diagnostic nomenclature greatly affects how one

proceeds with clinical services. In many low-resource countries, there is often no training or usage around formal mental health classification systems, and thus a lack of guidance on appropriate clinical services. This presentation will provide an example of how locally obtained post-trauma symptom descriptions from children and adolescents in Zambia led to the choice of clinical services. Data will be presented on the match between locally-described trauma symptomatology and the intervention chosen (Trauma-Focused Cognitive Behavioral Therapy; TF-CBT), how a *DSM-IV* based trauma assessment tool (UCLA PTSD-RI) held validity within this Zambian population, and symptom outcomes from a feasibility study testing TF-CBT. Discussion will include the appropriateness of using Western-based classification systems globally, and the impact this may have on clinical services.

Cross-Cultural Conceptualization of Trauma Symptoms in Zambia and Cambodia: A Comparative Analysis

(Abstract # 465)

Skavenski, Stephanie, MPH, MSW¹; Wallace, Teresa, MSW²

¹Johns Hopkins University, Baltimore, Maryland, USA

²World Vision, Washington, District of Columbia, USA

Post-traumatic symptom presentation of children and adolescents has often been challenged by diagnostic classification systems that seem to be designed more for adult populations. Moreover, traumatized youth often present for treatment without meeting full *DSM-IV* PTSD criteria, and having a range of other diagnoses such as ODD, CD, ADHD, and or MDD. This is further challenged when trying to understand child trauma symptomatology cross-culturally in low-resource countries. This presentation will take a comparative look at qualitative studies from two distinct populations: HIV affected children and adolescents in Lusaka, Zambia, and sex trafficked youth in Phnom Penh, Cambodia. The presentation will include an overview of the methods used to understand cross-cultural symptom presentations with these populations and a comparative analysis between post-trauma descriptions in Zambia, Cambodia and the current Western classification models. Discussion will examine the similarities and differences between populations, as well as focus on the applicability of Western classification models to children and adolescents globally.

Cross-Cultural Comparison of Symptoms Among Survivors of Systematic Violence

(Abstract # 626)

Bass, Judith, PhD, MPH¹; Bolton, Paul, MB, BS²

¹Boston University, Boston, Massachusetts, USA

²John Hopkins University, Baltimore, Maryland, USA

There is little cross-cultural data on local variations in symptoms of survivors of torture and other forms of systematic (i.e., non-random) violence, yet such violence is very much a cross-cultural issue. This presentation will consist of a comparative analysis of qualitative data on symptoms of systematic violence across a variety of countries using a common methodology, as well as a brief overview of the methodology used. The presentation will highlight the similarities and differences in symptoms among very different populations with histories of exposure to violence. Discussion will include comparing and contrasting this data to the Western classification systems and the relevance of these systems to these populations.

Using Local Qualitative Data to Inform the Choice of Treatment Interventions for Adult Survivors of Torture in Iraq

(Abstract # 571)

Spates, C. Richard, PhD¹; Kaysen, Debra, PhD²; Pagoto, Sherry, PhD³; Le Jeuz, Carl, PhD; Lindgren, Kristen, PhD⁴; Bolton, Paul, MB, BS¹

¹Western Michigan University, Kalamazoo, Michigan, USA

²University of Washington, Seattle, Washington, USA

³Worcester, Massachusetts, USA

⁴University of Richmond, Richmond, Washington, USA

The symptom presentation of torture survivors is complex and includes comorbidities. This diagnostic overlap can create some confusion around the choice of most appropriate clinical services. This presentation will describe how local qualitative data on symptom presentation can be used to determine treatment choices, with a focus on a population of survivors of chronic and political torture in Northern Iraq. The presentation will include an update on how appropriate the evidence-based interventions we chose have proven to be in this context. This will provide an indication of the correctness of this approach to the selection of interventions.

Panel Discussion

Serving Iraqi Refugees in Jordan: Comprehensive Approach to Care and Support for Humanitarian Staff

(Abstract #952)

Panel Discussion (Civil Ref, Disaster) International E - 6th Floor

Simon-Huisman, Winnifred, PhD¹; Eriksson, Cynthia, PhD²; Snider, Leslie, MD, MPH³; Ehrenreich, John, PhD¹; Van Pietersom, Tineke, MD, MPH¹; Lopes Cardozo, Barbara, MD³, MPH⁵; Ghitis, Frida, MA²; Gotway Crawford, Carol, PhD^{4,5}; Alqudah, Ashraf, PhD⁸; Shaheen, Mohammed, PhD⁷; Haans, Ton, PhD⁶; Rijnen, Bas¹; Scholte, Pim, MD⁸

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⁵US Centers for Disease Control (CDC), Atlanta, Georgia, USA

⁶War Trauma Foundation, New Orleans, Louisiana, USA

⁷Alqudah, Jerusalem, Israel

⁸University of Amsterdam, Diemen, Netherlands

This panel describes outcomes of a comprehensive program of Antares and War Trauma Foundations for care and capacity building of humanitarian aid workers providing psychosocial care and support to Iraqi refugees in Jordan. An estimated 450,000 to 750,000 Iraqi refugees currently live as guests in Jordan (FAFO, 2007). Serious psychosocial distress among this population, related to past life events, displacement, and current life circumstances including legal and socio-economic status have been documented. A large gap exists between the high need for psychosocial support amongst Iraqi refugees in Jordan and capacity of local staff and professionals to attend these needs. Local Jordanian staff and Iraqi volunteers (themselves refugees) provide the bulk of direct care, and are in turn impacted by the stresses of the job. Their ability to effectively and

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compassionately provide psychosocial care to refugees depends upon psychosocial knowledge and skills, and ability to maintain their well-being and manage stress. A needs assessment in collaboration with US Centers for Disease Control and Prevention forms the basis of this program and describes stressors, traumatic exposure, organizational policies, coping, and mental health outcomes among local staff. Capacity building training in community psychosocial interventions and stress management training and organizational consultation are described.

Workshop

Applications of Dialectical Behavior Therapy to Trauma-Related Problems

(Abstract #148)

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

Harned, Melanie, PhD¹; Rizvi, Shireen, MD²

¹*New School for Social Research, Piscataway, New Jersey, USA*

²*University of Washington, Seattle, Washington, USA*

Dialectical Behavior Therapy (DBT) was originally developed to treat suicidal women with Borderline Personality Disorder (BPD). However, given that the majority of BPD individuals have a history of trauma and many meet criteria for PTSD, the practice of DBT frequently involves the treatment of PTSD and other trauma-related problems. This workshop will demonstrate two primary applications of DBT to the treatment of trauma-related problems. The first application involves using standard DBT to decrease behaviors believed to interfere with formal PTSD treatments (e.g., suicidal and non-suicidal self-injury). A recent and promising example of this type of staged approach that uses standard DBT to stabilize individuals with BPD and PTSD prior to initiating a modified version of Prolonged Exposure will be demonstrated. The second application of DBT involves using DBT strategies to treat specific trauma-related problems that extend beyond the PTSD diagnosis. An example of this type of intervention will be demonstrated that involves the use of the DBT skill of opposite action to treat shame. Throughout the workshop, key DBT principles and strategies relevant to trauma treatment, including validation, skills training, informal exposure, and dialectical strategies will be highlighted.

Media Presentation

40 Years of Silence

(Abstract #359)

Media Presentation (Disaster, Child) International H - 6th Floor

Lemelson, Robert, PhD

UCLA, Los Angeles, California, USA

In 1965, following a purported “communist coup” (the September 30th movement, or the Indonesian acronym G-30-S) General Suharto began a bloody purge of suspected Communists which resulted in the deaths of approximately 500,000 Indonesians, making this one of the larger mass killings of the 20th century. Following the rise of Suharto’s new Order regime, it became extremely politically dangerous to discuss or memorialize this event and its victims, if these differed from the state’s official narrative. This film concerns the effects of this event and its aftermath on four Indonesian families. It was shot over the course of 10 years, in both Central Java and Bali (the two regions, along with East Java, where the greatest bulk of the mass killings occurred) as part of ongoing anthropological and psychiatric research on culture, health and illness. The film follows these families in their recollections of the build up and events of 1965 and the subsequent mass killings, disappearances, and political imprisonments of family members. All characters experienced extreme trauma and loss in childhood, and all were subsequently diagnosed with PTSD. The film explores how politics, history, and individual experience articulates with psychiatric symptomatology in a radically different cultural context.