

Session 1: Thursday, November 5 Atlanta Ballroom

Poster Organization

NEW this year! A unique opportunity to visit with one of the ISTSS past presidents, who will host a poster session. Each poster is scheduled for Poster Session 1 on Thursday, Poster Session 2 on Friday or Poster Session 3 on Saturday and includes a one-hour time period when the presenting author is available to answer questions. A past president will be hosting each poster session.

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

Session 1: Thursday, November 5 Atlanta Ballroom, 7th Floor

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

Poster Dismantle

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

Poster Presentations – Session 1 Thursday, November 5 5:00 p.m. – 6:00 p.m.

The Impact of an Interviewer's Race on Self-Revelations of African-American Women Experiencing IPV

(Abstract # 979)

Poster # T-100 (Cul Div, Assess Dx)

Atlanta Ballroom

Samples, Tara, MS, LPC²; Woods, Amanda, MA³; Kaslow, Nadine, PhD¹

¹Emory University School of Medicine, Dept of Psychiatry and Behavioral Science, Atlanta, Georgia, USA

²Fielding Graduate University, Stockbridge, Georgia, USA

³Georgia State University, Atlanta, Georgia, USA

Decades of scholarship has been devoted to the identification of cultural competency standards that recognize and address how past and present racial inequalities impact and alter the therapeutic relationship. It has been often asserted that due to cultural power dynamics, minority group member clients may report symptoms differently to clinicians of majority group status. Despite two decades of research on the dynamics of cross-racial therapy dyads, the literature is mixed as to the impact of the therapist's race on the therapeutic relationship with African-American clients. There is very little data on the impact of race on assessment and interviews. The current study is a result of an ongoing research with African-American women, assessed at a large urban hospital, who have a history of intimate partner violence. Asian, Caucasian and African-American clinical interviewers conducted face to face interviews with the women. Analysis revealed that the racial identity of the interviewer had no significant impact on the revelation of incidents of intimate partner violence including sexual abuse, physical abuse and verbal abuse. These results indicate that the racial identity of interviewers, who have been trained in culturally competent interview methods, does not interfere with the assessment process.

Alcohol Use, Passive Coping, and Academic Achievement Among Trauma-Exposed Urban College Students

(Abstract # 840)

Poster # T-101 (Child, Prev EL)

Atlanta Ballroom

Dewey, Lauren, MA²; Sothmann, Frances, MA¹; Allwood, Maureen, PhD¹

¹John Jay College of Criminal Justice, New York, New York, USA

²CUNY Graduate Center, New York, New York, USA

College students exposed to trauma are less likely to graduate than controls. Significant differences in drop-out rate emerge as early as the second semester for incoming freshmen (Duncan, 2000). In a study of urban college students, both PTSD symptoms and passive coping strategies were negatively related to overall grade point averages (GPA) (Allwood, Dewey, & Baetz-Stangel, 2009). However, the role of alcohol use among trauma-exposed students in relation to academic achievement remains unclear. The current study examines the associations between coping strategies, alcohol use, and academic progress among first and

second-year college students with and without experiences of trauma and adverse life events. Students from an urban commuter college ($n > 100$) completed the Adolescent Drinking Inventory, the UCLA PTSD Index, the Brief Cope, and provided transcripts of GPA. It was hypothesized that passive coping (specifically denial, distraction, and disengagement) and alcohol use would be higher among trauma-exposed college students versus those unexposed. Preliminary results are consistent with our hypotheses and indicate that trauma-exposed students were more likely to use passive coping strategies ($t = -2.39, p < .05$). Hierarchical regression analyses will be completed to examine unique contributions of coping style, alcohol use, and trauma type in predicting academic achievement.

Indirect Trauma: Toward a Synthesis of Secondary and Vicarious Trauma

(Abstract # 604)

Poster # T-102 (Res Meth, Practice)

Atlanta Ballroom

Gottfried, Victoria, LSW

Kent School of Social Work, University of Louisville, Louisville, Kentucky, USA

In the 1990s a model of traumatic stress that may result from working with traumatized clients was put forward. Termed secondary traumatic stress disorder, it specified a type of PTSD using Criteria A1 of the *DSM-IV* PTSD description that includes learning about a traumatic event experienced by another person (i.e., a family member of close associate). Another model of trauma that develops from working with traumatized clients, termed vicarious trauma, was proposed at about the same time. The research pertaining to these phenomena has yielded two distinct bodies of scholarship. Although both models have been empirically validated, no effort has been made to explain how they are related. The lack of a single theoretical construct for measuring and discussing the impact of trauma work hampers the ability to fully assess its impact and the factors associated with it. In this presentation these theories are defined, compared, and contrasted. A conceptual model that synthesizes these theories is proposed. This model provides an overarching theoretical framework that more accurately describes the psychological impact of working with traumatized clients. Structural equation modeling (SEM) was used to test the proposed model. Results are presented and discussed.

Relationship Trauma: Is It Part of PTSD?

(Abstract # 60)

Poster # T-103 (Assess Dx, Practice)

Atlanta Ballroom

Chin, Jacqueline, Hons. BA¹; Orzeck, Tricia, PhD²; Rokach, Ami, PhD²

¹Toronto, Ontario, Canada

²UBC, Vancouver, British Columbia, Canada

The present study assessed the discriminating power of the posttraumatic stress syndrome (PTRS) questionnaire measuring relationship trauma occurring in the context of abusive intimate adult relationships. A total of 211 participants completed measures associated with complex trauma symptomatology. The posttraumatic stress syndrome (PTRS) questionnaire, a 40-item scale measuring several dimensions of relationship trauma, was shown to correlate with the Trauma Symptom Inventory (TSI) and the Detailed Assessment of Posttraumatic Stress (DAPS) questionnaires. A MANCOVA resulted in significantly

higher scores ($p < .001$) for relationship trauma participants when compared to the non relationship trauma group on all of the PTRS subscales and on the total PTRS score. Further, the PTRS subscales correctly predicted 95 of 116 relationship trauma true-positive cases (82%) and 92 of 95 true-negative cases for relationship trauma (97%) but only predicted 7 of 13 PTSD-positive cases (54%) and 37 of 40 PTSD-negative cases (93%). These results suggest that the PTRS questionnaire is a measure specifically designed to assess trauma found in adults abused in intimate relationships with symptomatology that differs from PTSD. Treatment efficacy for specific populations, such as adult abusive relationships, can be improved by understanding and assessing the symptomatology of relationship trauma.

Trauma-Related Predictors of Improvement in a Sample of Women in Dialectical Behavior Therapy

(Abstract # 252)

Poster # T-104 (Clin Res, Practice)

Atlanta Ballroom

Horsey, Katie, MA^{1,2}; Walter, Kristen, MA²; Lamoureux, Brittain, MA^{1,2}; Wright, Caroline Vaile, PhD¹; Johnson, Dawn, PhD³; Palmieri, Patrick, PhD¹

¹Summa Health System, Akron, Ohio, USA

²Kent State University, Kent, Ohio, USA

³University of Akron, Akron, Ohio, USA

Borderline personality disorder is characterized by difficulty regulating emotions, impaired ability to tolerate distress, and unstable interpersonal relationships. Research has shown that BPD is associated with having a history of trauma, and an increased likelihood of developing symptoms of PTSD (Gunderson & Sabo, 1993). Individuals with BPD may be more vulnerable to developing PTSD because of their poor resources to cope. As such, it is important to investigate the role of PTSD, trauma history, and coping in the context of treatment for BPD. Dialectical Behavior Therapy (DBT: Linehan, 1993) is the primary treatment modality for individuals with BPD. DBT uses a modular format to address emotion regulation, distress tolerance, and interpersonal skills. The present study investigated specific trauma and PTSD-related predictors of improvement in emotion regulation and distress tolerance in a sample of treatment-seeking women attending weekly DBT. Preliminary results suggest that PTSD symptom severity at baseline and some coping strategies are associated with fewer changes in BPD characteristics across the course of treatment. This suggests that changes in treatment for BPD may be linked to severity of co-occurring PTSD and initial coping skills. More specific findings discussed within.

Analysis of Posttraumatic Stress Symptom Factors in Survivors of Intimate Partner Violence

(Abstract # 259)

Poster # T-105 (Clin Res, Assess Dx) **Atlanta Ballroom**

Shatil, Sharon, MS

Marquette University, Milwaukee, Wisconsin, USA

Many researchers have been interested in how symptoms of PTSD group together; however, no consensus has been reached. Some have found that, as in the *DSM-IV-TR*, factor analysis of symptoms produced three factors (e.g., Foa et al., 1995). However, Foa et al. (1995) found disparities between the three factors laid out in the *DSM* and the three factors found in their study. Other studies have indicated a two factor solution with an additional second order factor (e.g., King et al., 1995; Taylor et al., 1998). This study used data accessed through ICPSR to determine whether factors on the PTSD Symptom Scale-Interview (PSS-I) produce a factor structure similar to any of those previously cited or to the *DSM* in female survivors of intimate partner violence. An exploratory factor analysis was performed on the PSS-I, which was found to have three factors: arousal and numbing, intrusion and re-experiencing, and avoidance symptoms. This structure is different from that of the *DSM* as well as from the factor structures found in other studies. This indicates that the current *DSM-IV-TR* system of diagnosis may not be appropriate for victims of intimate partner violence, and it remains to be determined whether any common factor structure of PTSD can be found across types of trauma.

Integrating Trauma Theory in an Examination of Cortisol Outcomes in Intimate Partner Violence (IPV)

(Abstract # 315)

Poster # T-106 (Practice, Clin Res) **Atlanta Ballroom**

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

Michigan State University, East Lansing, Michigan, USA

Trauma exposure is associated with multiple mental health problems and alterations in the hypothalamic-pituitary-adrenal (HPA) axis. Basal (defined as average of 4 samplings through the day) and challenged (assessed through a experimental paradigm based on the Trier Social Stress Test) salivary cortisol are examined as measures of HPA axis dysfunction in a sample of approximately 60 women exposed to IPV and 30 control comparison women. Extant literature indicates that mental health diagnoses alone do not account for cortisol abnormalities. Using Trauma theory as a framework, the role of theoretically derived variables such as chronicity of abuse (adult IPV and childhood abuse), age of trauma exposure, relationship to perpetrator (in cases of childhood abuse), and social support, in predicting cortisol dysfunction are examined. It is expected that social support in general, and particularly at the time of trauma exposure, will be a significant and positive moderator. Trauma in early developmental stages, and/ or chronic trauma, and abuse perpetrated by significant attachment figures compared to strangers are expected to result in lower cortisol levels. Implications for theory development and treatment outcome research will be discussed in the context of risk and protective factors.

Disengagement Coping as a Mediator Between Trauma-Related Guilt and PTSD Severity

(Abstract # 339)

Poster # T-107 (Clin Res, Mil Emer) **Atlanta Ballroom**

Held, Philip, BA²; Hansel, Joseph, PhD²; Schumm, Jeremiah, PhD³; Chard, Kathleen, PhD¹

¹*Cincinnati VAMC, Ft Thomas, Kentucky, USA*

²*University of Indianapolis, Indianapolis, Indiana, USA*

³*VA Medical Center, Cincinnati, Ohio, USA*

The present study examined disengagement coping as a mediator between trauma-related guilt and PTSD severity in a sample of veterans (N = 148) entering residential PTSD treatment. Measures were collected as part of the pretreatment assessment. Results indicated that disengagement coping fully mediated the relationship between trauma-related guilt and clinician-rated PTSD severity on the Clinician-Administered PTSD Scale, and partially mediated the relationship between trauma-related guilt and self-reported PTSD severity on the PTSD Checklist. Further, the mediational pathways of trauma-related guilt to PTSD severity through disengagement coping were significant for both clinician-rated PTSD and self-reported PTSD severity. These findings support Street and her colleagues' (2005) contention that guilt-related cognitions increase disengagement coping strategies, which can, in turn, interfere with recovery from PTSD. As such, disengagement coping may serve as a behavior mechanism through which guilt negatively impacts recovery from PTSD. These findings further support the importance of PTSD treatments that target reductions in guilt-related cognitions and avoidance coping strategies.

Predictors of PTSD-Related Impairment in Victims of Terrorism in Israel

(Abstract # 399)

Poster # T-108 (Civil Ref, Disaster) **Atlanta Ballroom**

Horsey, Katie, MA^{1,2}; Palmieri, Patrick, PhD¹; Canetti-Nisim, Daphna, PhD³; Johnson, Robert, PhD⁴; Hobfoll, Stevan, PhD⁵

¹*Summa Health System, Akron, Ohio, USA*

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

³*University of Haifa, Haifa, Israel*

⁴*University of Miami, Miami, Florida, USA*

⁵*Rush Medical College, Chicago, Illinois, USA*

Terrorism and ongoing conflict has a significant psychological impact on individuals living in war-torn countries. In addition to PTSD, investigating predictors of PTSD-related impairment is important to identify those most at risk for experiencing devastating consequences of ongoing terror. It is likely that those with poor coping skills are more impaired by thoughts and feelings about trauma, as they turn to unhealthy mechanisms such as alcohol to cope. The present study investigated impairment, by asking how much thoughts and feelings associated with PTSD interfere with routine functioning, within 2 samples of 1001 victims of war and terrorist attacks in Israel. Descriptive analyses indicated that PTSD severity remained similar across samples, even though only one sample had been subject to devastating rocket attacks. Level of impairment by symptoms however, did not remain the same, with those in the attacked sample experiencing greater impairment. Logistic regression analyses indicated that having been personally injured

due to rocket attacks, having experienced other non-traumatic events in the past year, having sleep problems, and alcohol use significantly predicted functional impairment associated with PTSD. Functional impairment may be a more efficient way of identifying those in most need of intervention when working with samples with pervasive trauma exposure.

Impact of Psychological Distress and Machismo on Relationship Functioning for Hispanic Veterans

(Abstract # 632)

Poster # T-109 (Cul Div, Mil Emer) **Atlanta Ballroom**

Herrera, Catherine, LT, BS; Owens, Gina, PhD

University of Tennessee, Knoxville, Tennessee, USA

Despite a steady increase in military service member diversity and research that suggests higher PTSD susceptibility among specific ethnic groups, limited research to date has focused on cultural influences that may impact mental health and relationship quality. The current study explored the association between two aspects of the Hispanic construct of Machismo (Traditional Machismo and Caballerismo) and adjustment in Hispanic male war veterans from various service eras. Fifty-four veterans completed an online questionnaire including the PCL-Military version, the OQ-45, the Dyadic Adjustment Scale, and the Traditional Machismo and Caballerismo Scale. Over half of participants were Mexican (53%), followed by Puerto Rican (30%), Central American (9%), South American (4%), and Cuban (2%). Almost 75% of participants were Army veterans. Correlational analyses indicated significant relationships between relationship functioning, machismo, and psychological distress ($p < .01$). A preliminary linear regression was performed to determine predictors of relationship adjustment for the sample. Traditional Machismo and general psychological distress were significant predictors in the model ($F(2, 31) = 7.80, p < .01$). Implications for multiculturally informed care for Hispanic service members will be discussed.

Student Veteran Stressors in Higher Education: A Pilot Study

(Abstract # 700)

Poster # T-110 (Mil Emer) **Atlanta Ballroom**

Cate, Chris, MA; Gerber, Michael, PhD; Holmes, David, BA

University of California, Santa Barbara, Santa Barbara, California, USA

Veterans often encounter difficult changes adjusting to civilian life after their military service. Student Veterans, Veterans who enroll in higher education after their military service, encounter not only the challenges of transitioning from military service to civilian life, but the challenges of being a college student as well. While the media has reported on Student Veterans' experiences and challenges, these reports often focus on a few individuals and not the population as a whole. Therefore, little research has been devoted to the unique stressors Student Veterans encounter. Current research suggests academic, peer socialization, and institutional stresses may add to the difficulty of Student Veterans' adjustment to college and civilian life. These potential stressors may intensify already existing mental health diagnoses that were a direct result of the Student Veterans' military service; like Post Traumatic Stress Disorder (PTSD), Depression, and Traumatic Brain Injury (TBI). This pilot study is using a web

survey to collect data on a sample of Student Veterans prior to the reauthorization of the GI Bill at post-secondary campuses to measure Student Veterans' academic, social, and institutional stressors. Data is being analyzed at the time of this abstract submission.

Change in Focus of PTSD Traumatic Event Research: a Bibliometric Study and Proposed Categorization

(Abstract # 663)

Poster # T-111 (Res Meth, Assess Dx) **Atlanta Ballroom**

Luz, Mariana, MD; Marques-Portella, Carla, MD; Figueira, Ivan, MD; Berger, William, MD; Fiszman, Adriana, MD; Mendlowicz, Mauro, MD

Institute of Psychiatry-Federal University of Rio De Janeiro, Rio de Janeiro, Brazil

Distinct traumatic events (TEs) are associated with differential probabilities of developing PTSD, highlighting the specificity of TEs in the pathway to PTSD. The aim of this study was to propose a categorization system for TEs and map their changing frequencies in the mainstream PTSD literature. Original articles on PTSD indexed in the ISI database between 1991 and 2006 ($n=2,583$) were classified according to the type of TE in the following categories: accident; child abuse; death/loss of a close one; domestic violence; high-risk professions; Holocaust; exposure to human remains; imprisonment; injury; medical causes; MVA; natural disaster; non-A1 events; sexual trauma; terrorism; torture; violent crime; war-related, and not classified. Comparing the 1991-1994 and 2003-2006 periods, significant differences were found. The share of research of war-related trauma decreased (from 49.2% to 24.3%; $p < 0.001$). Some TEs showed an increase in the research output, such as medical causes (1.6% to 5.3%; $p=0.01$) and terrorism (0.8% to 4.4%; $p=0.06$). Surprisingly, death/loss of a close one was the focus of few studies (11 articles). The standardization of the TEs and the bibliometric analyses of PTSD research may contribute to solving some methodological issues, improving communication among trauma investigators and directing research towards understudied areas.

Diagnosing PTSD: Comparative Validity of Interview, Self-Report & Prototype-Based Methods

(Abstract # 387)

Poster # T-112 (Assess Dx, Res Meth) **Atlanta Ballroom**

Ortigo, Kile, MA; Ortigo, Dorthie, MA; Gapen, Mark, PhD; Westen, Drew, PhD; Ressler, Kerry, MD, PhD; Bradley, Bekh, PhD

Emory University, Atlanta, Georgia, USA

The diagnosis of PTSD is currently established using *DSM-IV's* polythetic symptom count/cutoff method. This approach to diagnosis has been criticized for several shortcomings, including but not limited to lack of theoretical and empirical foundation, arbitrary symptom cutoffs/timeframes, and comorbidity. The validity of alternative approaches to diagnosing PTSD has received little attention in the literature to date. The purpose of this presentation is to compare the convergent and divergent validity of dimensional and categorical methods of PTSD

diagnosis based on a structured interview (CAPS), self-reported symptoms (PSS), and interviewer-rated degree of match to a PTSD prototype description. Participants (n = 206-1670) were recruited from primary care clinics of a public hospital as part of a NIMH-funded study on risk/resilience for PTSD. The individuals from whom data were gathered were low income, primarily African American, and had high levels of trauma exposure. Presented data will include descriptive statistics on each approach, correlations among these approaches, and hierarchical regressions examining incremental validity of each method in predicting overall level of adaptive functioning. Findings have implications for diagnosis and conceptualization of PTSD as well as measurement within this highly traumatized but understudied and under-served population.

Psychosis in PTSD: Case Presentations as Evidence for a Specifier of PTSD With Psychotic Features

(Abstract # 627)

Poster # T-114 (Assess Dx, Cul Div) Atlanta Ballroom

Vigna, Julia, MA; Tarcza, Erin, MA; Cohen, Alex, PhD

Louisiana State University, Baton Rouge, Louisiana, USA

Research suggests that posttraumatic stress disorder (PTSD) and psychotic symptoms coexist more often than would be predicted by prevalence rates alone. Varying explanations have been put forth in an effort to elucidate this relationship. Some argue that a first psychotic episode and ensuing hospitalization can be traumatic and lead to PTSD, while others argue that PTSD precipitates psychotic symptoms in individuals who have a genetic vulnerability but have not yet developed schizophrenia. This presentation communicates data from a series of case studies. Each case was diagnosed with PTSD and evidenced auditory and/or visual hallucinations but did not meet criteria for a psychotic spectrum disorder. For each case, trauma exposure preceded hallucinations, and hallucinations are trauma-related. It is argued that such psychotic symptoms would be better accounted for by a specifier of PTSD with psychotic features added to *DSM-V*. Appropriateness of this conceptualization is discussed. Some have argued that whether such cases are diagnosed with PTSD versus a psychotic disorder depends largely on whether the clinician recognizes that the psychotic symptoms are related to the trauma reaction. Specifications of psychotic symptoms in PTSD would raise clinicians' awareness and lead to more accurate classification of symptoms that occur in PTSD, presumably improving treatment outcomes.

Relationships Between Patriotism, Morale, and Mental Health in OIF/OEF Veterans

(Abstract # 503)

Poster # T-115 (Mil Emer, Practice) Atlanta Ballroom

Whitesell, Allison, BS; Owens, Gina, PhD

University of Tennessee, Knoxville, Tennessee, USA

The prevalence of PTSD symptoms and mental health distress among combat veterans has been established, as have some factors which may exacerbate or reduce this distress. However, no research to date has examined the combined roles of patriotism, unit cohesion, and morale as potential protective factors related to distress in combat veterans of the current wars

in Iraq and Afghanistan. The current study examines relationships between these variables and their potential impact on symptoms of mental health distress. Seventy veterans completed self-report measures including the PTSD Checklist-Military version, Hopkins Symptom Checklist-21, Deployment Social Support scale from the Deployment Risk and Resiliency Inventory, Patriotism Scale, and a morale item. The majority of participants were male (91%) and Caucasian (91%). Based upon correlational analyses, two linear regressions were performed to determine predictors of PTSD and general mental health distress symptoms for the sample. Rank and morale were significant predictors of general distress ($F(4,61) = 8.74, Adj. R^2 = .323$). Rank and morale also were significant predictors of PTSD symptom severity ($F(4,59) = 5.43, Adj. R^2 = .219$). For both models, lower rank and lower levels of morale were associated with higher general distress or PTSD severity. Implications regarding the potential protective factors of morale will be discussed.

Ethnic differences in PTSD Symptomatology Among Female Veterans

(Abstract # 297)

Poster # T-116 (Cul Div, Assess Dx) Atlanta Ballroom

C'de Baca, PhD, Janice; Castillo, Diane, PhD

Albuquerque VA MedicalCenter, Albuquerque, New Mexico, USA

This study examines ethnic differences among female veterans diagnosed with Posttraumatic Stress Disorder (PTSD). The numbers of females in the military is on the rise, and, in 2002, Hispanic and African American women made up 44% of active forces. The National Vietnam Veterans Readjustment Study established differing rates of PTSD by ethnicity among male combat veterans, with Hispanics exhibiting higher risk for PTSD (Kulka et al., 1990). Likewise, Monnier et al. (2002) report on racial differences in male veterans with combat-related PTSD seeking treatment for PTSD. These researchers report no difference between African American and Caucasian male combat veterans with regard to severity of psychopathology. We present data on 359 female veterans (59% non-Hispanic white, 26% Hispanic, 14% other ethnicity) evaluated for PTSD in the Women's Stress Disorder Treatment Team Program at the New Mexico VA Health Care System from 1995 to 2008. The main instrument of comparison will be the Clinician-Administered PTSD Scale (CAPS). Data will be analyzed and presented. We expect Hispanic female veterans to experience more frequent and severe PTSD symptomatology, both current and lifetime. Additionally, we compare numbers and types of trauma, as well as scores on psychological tests. Discussion on implications for findings is presented.

The Role of Ethnicity in the Link Between Resource Loss and Resiliency

(Abstract # 635)

Poster # T-117 (Child, Clin Res) Atlanta Ballroom

Goel, Kathryn; Jones, Russell, PhD

Virginia Tech University, Blacksburg, Virginia, USA

Findings regarding the role of ethnicity have been mixed in the trauma literature. It has been hypothesized that African Americans experience higher levels of PTSD following a traumatic event, however, it has also been found that these individuals experience higher levels of resiliency following these

same events. The current study attempted to address the role of ethnicity when examining the relationship between resource loss and resiliency in children and adolescents who have experienced a residential fire. It was hypothesized that African Americans would experience higher levels of loss; however, they would also exhibit higher levels of resiliency, despite this loss. Ratings of loss were obtained using Resource Loss Scale for Children (RLSC; Jones and Ollendick) and resiliency ratings were obtained using the competence and problem scales of the Child Behavior Checklist (CBCL; Achenbach). Preliminary analyses suggest that the link between resource loss and resiliency is present in Caucasians, yet is not significant for African Americans. In addition, ethnicity does not appear to moderate the relationship between loss and resiliency. Future analyses will further examine the role of ethnicity in the subscales of resiliency (Total Competence, Total Internalizing Behaviors and Total Externalizing Behaviors).

Risk Factors for Psychological Distress and Uses of Religious Coping Among African Torture Survivors

(Abstract # 529)

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

Leaman, Suzanne, M.Phil²; Gee, Christina, PhD²; Cogar, Mary, PhD¹

¹Private Practice, Baltimore, Maryland, USA

²George Washington University, Washington, District of Columbia, USA

Risk and protective factors of psychological distress for torture survivors, especially African refugees, have been minimally researched. This study examined the associations between types of torture and psychological distress among 131 African adult torture survivors (75 females and 56 males) living in the United States. In addition, the study gathered qualitative data from a focus group of adult African torture survivors (3 females and 3 males). Quantitative analyses found that sexual torture was significantly associated with symptoms of PTSD and depression while family torture was significantly related to symptoms of PTSD only. Focus group participants supported these findings and reported that people who have been sexually tortured also experience extreme shame and guilt which is reinforced by their societies. Dimensions of religious coping were explored as protective factors for psychological distress. Negative religious coping was the only religious dimension found to be associated with symptoms of PTSD and depression in the quantitative analysis but focus group participants reported all types of religious coping to be an important part of their healing process. The overall implications of these findings for culturally relevant treatment for African torture survivors are presented and recommendations are made for future research.

Diagnostic Utility of the A1 and A2 Criteria

(Abstract # 996)

Poster # T-119 (Assess Dx, Clin Res) **Atlanta Ballroom**

Lancaster, Steven, MA; Melka, Stephen; Rodriguez, Benjamin, PhD

Southern Illinois University, Carbondale, Illinois, USA

As defined in *DSM-IV*, the PTSD traumatic stress criteria requires two conditions to be met; (A1) a "traumatic" event occurred and (A2) the person experienced "fear, helplessness, or horror"

during the event. A recent report (Boals & Schuettler, 2008) suggested that after accounting for the presence of the subjective A2 criterion, the type of event experienced (traumatic v. non-traumatic) was not a significant predictor of PTSD symptom level; adding to mounting evidence which suggests that events other than "traumatic" ones may lead to the development of PTSD symptoms (Gold et al., 2005; Lancaster, Melka, & Rodriguez, in press). The aim of the current project is to replicate Boals & Schuettler (2008) through a reanalysis of the data used in Lancaster et. al by including participants' retrospective rating of any fear, helplessness, or horror they had experienced during the event. Preliminary results support the hypothesis that while the A2 criterion had a significant main effect on PTSD symptoms, $F(1,629) = 22.136, p < .001$, no main effect existed for experiencing a traumatic v. non-traumatic event, $F(1, 629) = 1.662, p = .740$. Implications for the definition of "traumatic events" as well as the diagnosis of PTSD will be discussed.

Trauma Survivors: Indian and Pakistani Partition Families

(Abstract # 599)

Poster # T-120 (Civil Ref, Cul Div) **Atlanta Ballroom**

Dubrow, Nancy, PhD; Uttamchandani, Amrita, MA

Chicago School of Professional Psychology, Chicago, Illinois, USA

This presentation focuses on the trauma associated with the partition of British India into India and Pakistan in 1947. During the Partition, Indian and Pakistani families were forced to migrate and were exposed to extreme violence. Despite over sixty years post-Partition, there is limited information on how this trauma has affected the survivors and their families. Like with Southeast Asian refugees, Holocaust survivors and survivors of the Turkish genocide, the universal impact of trauma on Partition families are examined. Furthermore, cultural aspects relevant to working with Partition families are also discussed. Cross cultural factors being studied include religion, immigrant status, family dynamics, culture, gender expectations, parenting styles and the historical context of the trauma that define how individuals across generations from this population adapt.

Implications for the DSM-V and ICD-11: Moving Towards a Transnational Conceptualization of Trauma

(Abstract # 605)

Poster # T-123 (Cul Div, Clin Res) **Atlanta Ballroom**

Petersen, Marissa, MA; Swaroop, Sujatar

CSSOP, Chicago, Illinois, USA

Prevalence rates for PTSD fall between 15%-50% in countries with a history of war, including Rwanda eight years after the genocide (Pham, Weinstein, & Longman, 2004). Western professionals tend to conceptualize post traumatic adjustment of individuals from different cultures based on diagnoses rooted in a biomedical model. Rather than relying on PTSD as a diagnostic label to encompass how people from various cultures respond to traumatic events, this paper proposes a holistic conceptualization of trauma by looking into the particular ways distress is experienced, expressed, and understood within specific cultures and how health versus impairment in psychosocial functioning are defined locally. This paper will utilize post-genocide Rwanda

as a framework to foster an understanding of cross-cultural issues regarding the diagnosis and treatment of complex trauma. The principle research questions include: What are the phenomenological understandings of Rwandan indigenous conceptualizations of trauma and healing processes? How do Western perspectives of mental illness affect Rwandan trauma conceptualization? How may the Rwandan ideology promote a more global understanding of traumatology? Findings will be supported by intensive literature reviews. Implications to encompass a transnational perspective of traumatology and culturally competent interventions will be discussed.

Emotional Predictors of PTSD Symptoms

(Abstract # 300)

Poster # T-124 (Assess Dx, Cul Div) **Atlanta Ballroom**

Lancaster, Steven, MA; Melka, Stephen; Rodriguez, Benjamin, PhD

Southern Illinois University, Carbondale, Illinois, USA

Empirical and theoretical literature has questioned the *DSM-IV* requirement that a person must experience fear, helplessness, or horror during a traumatic event to be diagnosed with PTSD. Instead, it has been suggested that other emotions could be equally predictive of the development of post-traumatic pathology. The goal of the current study was to examine if emotions other than the three currently used in the *DSM-IV* were predictive of PTSD symptom severity. This was done by examining the level of retrospectively reported emotional experiences (including A2 and non-A2 emotions) and PTSD symptom level in a sample of ethnically diverse participants who reported a wide range of traumatic events. The results indicated that while A2 emotions were not significant predictors; anger, shame, guilt and disgust were significantly associated with PTSD symptom level, $R^2 = .277$, $F(4,336) = 32.21$, $p < .001$. Additional analyses demonstrated significant differences in predictors based on the ethnicity and gender of the participant. The results of the current study strongly suggest that the three "A2" emotions as currently used inadequately cover the full range of emotions experienced during traumatic events and that future versions of diagnostic manuals should rely on a broader range of emotions in their criteria.

Psychological Health of Adult Sexual Assault Victims: The Role of Disclosure

(Abstract # 384)

Poster # T-125 (Soc Ethic, Clin Res) **Atlanta Ballroom**

Varkovitzky, Ruth, MA

Northern Illinois University, DeKalb, Illinois, USA

Research suggests that disclosure of adolescent and adult sexual assault (ASA) may reduce psychopathological symptoms following ASA. The current study investigates whether ASA disclosure, reactions to disclosure, and repetition of disclosure predict psychopathological symptoms. The sample included 824 female college students, 97 (12%) of whom reported ASA. Of these victims, 78 (80%) disclosed to another person (disclosers) and 18 (20%) had not previously disclosed (non-disclosers). Disclosers were expected to report more perceived social support, and fewer posttraumatic stress disorder (PTSD) symptoms and depressive symptoms, compared to non-disclosers. Disclosers who received more positive reactions were expected to report more perceived

social support, and fewer psychopathological symptoms, while those receiving more negative reactions were expected to report less perceived social support and more psychopathological symptoms. Multiple regression analyses were used to test the hypotheses. Results indicated that disclosers reported more PTSD symptoms than non-disclosers. Reactions to the first disclosure were not significantly related to outcomes, but both positive and negative reactions (when considering all disclosures) were associated with more PTSD symptoms.

PTSD Symptoms in Significant Others of Military Service Members

(Abstract # 606)

Poster # T-126 (Mil Emer, Media Ed) **Atlanta Ballroom**

Stahl, Rebecca, MS; Nash, Brenda, PhD;

Spalding University, Louisville, Kentucky, USA

From the inception of PTSD, anecdotal evidence has suggested the symptoms of those who experience the disorder can adversely affect others. There is an entire body of literature examining secondary or vicarious trauma. However, little empirical work has been conducted to examine the prevalence of PTSD symptoms in significant others of those directly traumatized. The current study sought to examine this link by assessing the prevalence of PTSD symptoms in significant others of traumatized individuals. Further, as military service members are reporting increasing rates of PTSD, it seemed important to examine this link in their families. Specifically, the current research examined the prevalence of PTSD symptoms in the significant others of military service members. Using an internet-based link, a demographic questionnaire and a version of the PTSD Checklist were used to gather data from significant others of military service members. Preliminary results suggest that in the 273 significant others who completed the survey, 26.4% endorsed a degree of symptoms consistent with PTSD. As this rate is three times the US national average for PTSD in adults, increased clinical attention to family members of PTSD sufferers, specifically in military families, is warranted. Likewise, a Vicarious PTSD diagnosis in *DSM-V* seems warranted.

Initial Distress and Psychological Outcome Following Sexual Assault: A Longitudinal Study

(Abstract # 1062)

Poster # T-127 (Prev EL, Clin Res) **Atlanta Ballroom**

Swopes, Rachael, MS¹; Siebenmorgen, Marsha, MA¹; Allen, Jennifer, BA¹; Davis, Joanne, PhD¹; Newman, Elana, PhD¹; Bell, Kathy, MS, RN²

¹*University of Tulsa, Tulsa, Oklahoma, USA*

²*Tulsa Police Department, Tulsa, Oklahoma, USA*

Initial anxiety and distress following trauma have been shown by previous research to be associated with later posttraumatic stress disorder (PTSD) symptoms. The present study builds upon previous findings by including additional measures of distress that frequently occur in the weeks and months following trauma, such as depression, substance use, and nightmare-related symptoms. Anxiety and distress were initially measured upon presentation at a hospital following a sexual assault. PTSD symptoms and other measures of distress were assessed at

2-week and 2-month telephone follow-ups. It was hypothesized that initial levels of anxiety and distress would positively relate to the 2-week and 2-month State Anxiety, Subjective Units of Distress (SUDs) ratings, PTSD symptoms, depression, substance use, and nightmare-related distress. At this time, there have been 27 two-week and 23 two-month follow-ups. Pearson product-moment correlations were computed and preliminary results suggest initial support for the hypotheses, as initial anxiety and distress at the hospital were significantly related to 2-week PTSD, depression, and nightmare-related symptoms. In addition, initial SUDs ratings were associated with a change in alcohol use at 2 weeks and with PTSD symptoms at 2 months. Implications, limitations, and directions for future research are discussed.

HealthCareToolbox.org: Development of a Web-Based Resource on Trauma-Informed Care for Pediatric HealthCare Providers

(Abstract # 555)

Poster # T-128 (Child, Prev EI)

Atlanta Ballroom

Cirilli, Carla, MA; Kassam-Adams, Nancy, PhD; Schneider, Stephanie, MS

Children's Hospital of Philadelphia, Center for Pediatric Traumatic Stress, Philadelphia, Pennsylvania, USA

The HealthCareToolbox website (www.healthcaretoolbox.org) is a new web-based educational resource that assists providers in responding to medical traumatic stress in children and families facing pain, injury, serious illness, and invasive or frightening medical procedures. Health care providers can reduce immediate distress and help prevent persistent traumatic stress by integrating trauma-informed pediatric care into their routine encounters with children and families. Created by the Center for Pediatric Traumatic Stress at the Children's Hospital of Philadelphia, the Health Care Toolbox website features information about medical traumatic stress, guidelines for providing trauma-informed pediatric care, assessment and intervention tools, and downloadable patient education materials. Site content is based in research and best practice recommendations for trauma-informed pediatric health care. Medical and nursing professionals provided input throughout the site's development, evaluating content, design, navigation, and functionality of the site, resulting in a credible and user-friendly website. Ongoing feedback from users will help to evaluate the site's educational value and to identify additional needed tools for providers. Broad dissemination of the site via provider organizations and health care settings is underway.

Personal and Environmental Predictors of Posttraumatic Stress in Emergency Management Professionals

(Abstract # 64)

Poster # T-129 (Mil Emer, Cul Div)

Atlanta Ballroom

LaFauci Schutt, Jean M., PhD; Marotta, Sylvia, PhD

George Washington University, Washington, District of Columbia, USA

Among first responders and other emergency workers in the disaster ecology, an understudied group is that of emergency management professionals. These individuals share many of the same role conflicts and ambiguities as do healthcare workers

and as a group have been part of national discussions about their role in post-Katrina recovery. It is important to understand the psychological and developmental contributions of their work exposures to their psychological health. This poster will present the results of three models that attempt to explain and predict how personal and environmental factors affect posttraumatic stress symptoms. Previously identified personality traits and role issues such as trauma exposure, burnout, and compassion satisfaction were used to construct the models. A sample of 197 participants were recruited using an online methodology, and data were analyzed using hierarchical regression. The results supported a model containing neuroticism and extraversion, trauma exposure frequency, burnout, and compassion satisfaction accounting for the most variance in predicting PTSD symptoms. Ethnic identity did not significantly contribute to variance or serve as a moderator with trauma exposure. These findings will be discussed in terms of their implications for future research and for clinical applications.

Traumatic Responses of Japanese Psychiatric Nurses in the Work Place

(Abstract # 68)

Poster # T-130 (Practice)

Atlanta Ballroom

Maeda, Masaharu, MD; Oe, Misari, MD; Tsujimaru, Shusaku
Kurume University Hospital, Kurume Japan

Psychiatric nurses often meet with physical violence or verbal abuse by patients, but here are few reports on psychological impact of psychiatric nurses. The aim of this study is to examine 1) what kind of violence or abuse is traumatic for nurses 2) psychological influence of violence or abuse on psychiatric nurses in Japan. Subjects were 127 nurses, and 124 nurses replied. Over ninety percent of psychiatric nurses have experienced some violence or abuse. 14.5 % of subjects exceeded the IESR-J cut-off points (24/25). By logistic regression analysis, "Be satisfied or not with the protocol against violence" was contributed to IESR-J high score. These results revealed that it is necessary to construct care system for psychiatric nurses.

Evaluating Crisis Debriefing for New York City Child Protective Services Following Child Fatality

(Abstract # 71)

Poster # T-131 (Clin Res, Mil Emer)

Atlanta Ballroom

Pulido, Mary, PhD

New York Society for the Prevention of Cruelty To Children, New York, New York, USA

Crisis debriefing was incorporated into standard Child Protective Services (CPS) procedures in New York City, to reduce the the impact of post traumatic stress symptoms and secondary traumatic stress symptoms resulting from child fatalities, severe cases of physical and sexual abuse, and violence in the field or workplace. This poster presentation will (a) describe the process of developing and implementing a crisis debriefing model designed to meet CPS needs following critical incidents, (b) identify the types of requests received since its inception, (c) outline the protocol of the Restoring Resiliency Response (RRR) crisis debriefing model, and (d) present the participant evaluation data. During the first 25 months of the program, 99 sessions were conducted for 528 staff members. Evaluation data indicate

the intervention was positively received by CPS staff following a critical incident.

Assessment Practices of Forensic Practitioners for Evaluating Trauma

(Abstract # 75)

Poster # T-132 (Assess Dx, Practice) **Atlanta Ballroom**

Yano, Kimberly, MA; Mok, Caroline, MA; Weaver, Chris, PhD; Jackson, Rebecca, PhD

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

Posttraumatic Stress Disorder (PTSD) is the most frequently diagnosed psychological injury in civil court proceedings, and PTSD can be used as a mitigating factor in criminal proceedings. However, little is known about how forensic psychologists assess (PTSD). Within ethical and legal boundaries, forensic psychologists who assess PTSD are free to choose the methods by which they conduct these assessments. The use of well established PTSD instruments (e.g. CAPS) in forensic settings is poorly understood, and may be decreased by real or perceived limitations (e.g. susceptibility to faking) and concerns about how well these instruments satisfy legal admissibility criteria (i.e. Frye and Daubert). We will survey full members of the American Psychological Association's Division 41 (Psychology & Law) in order to identify the "usual practice" of PTSD assessment by forensic clinicians. We will also survey student members to assess current training of future forensic clinicians with regard to PTSD assessment. We will ask both groups about perceptions of the degree to which these instruments meet standards relevant to legal admissibility criteria in order to examine possible barriers to the use of existing instruments, and better elucidate how these concerns impact practice. The study is IRB approved and permission has been received from Division 41 to email the survey.

Psychometric Properties of the War Events Inventory

(Abstract # 78)

Poster # T-133 (Mil Emer, Assess Dx) **Atlanta Ballroom**

Katz, Lori, PhD¹; Cojucar, Geta, MA¹; Davenport, Cory, BS²

¹*VA Long Beach Healthcare System, Long Beach, California, USA*

²*Veterans Affairs, Spring Valley, California, USA*

The War Events Inventory (WEI) is a 29-item tool to assess frequency and severity (e.g., ratings of distress) for various war related events. WEI was designed for clinicians and researchers to quickly gauge types of events and perception of distress. Items were derived from literature and interviews with post-deployed troops. 255 post-deployed troops from OIF/OEF completed the WEI, Post-deployment Readjustment Inventory (PDRl), and 3 standardized measures of symptoms (e.g., Brief Symptom Inventory (BSI), Posttraumatic Checklist (PCL-m), and CAGE). WEI has excellent internal consistency: global scales Frequency, and Severity ($\alpha = .91, .94$, respectively) and 5 subscales: Interpersonal distress, Combat experiences, Stressful context of deployment, Sexual trauma, and Being injured ($\alpha = .82, .90, .70, .83, .85$, respectively). Subscales intercorrelated between .24 and .62 (average .41) suggesting they are considerably independent. WEI significantly correlated with PDRl, BSI, PCL-m, and CAGE (e.g., Frequency: $r = .49, .51, .48, .31$, respectively, $p < .000$; Severity: $r = .64, .62, .68, .28$, respectively, $p < .000$). To determine if WEI provides information beyond combat exposure, Combat

was partialled out of the analyses. WEI subscales continued to correlate with measures of readjustment. Results suggest WEI contributes unique, reliable, and valid information.

Homeless Women Veterans Treated for Sexual Trauma: Outcomes of 12 Month Follow-up

(Abstract # 79)

Poster # T-134 (Clin Res, Practice) **Atlanta Ballroom**

Katz, Lori, PhD; Cojucar, Geta, MA; Lindl, Claire, BA; Drew, Tara, BA

VA Long Beach Healthcare System, Long Beach, California, USA

This poster presents an overview of "Renew" a 12-week sexual trauma treatment program for homeless women veterans and the outcome data after 12 months. Interview data was collected 5 times: at baseline (before treatment), and 3, 6, 9, and 12-months post enrollment. 31 women veterans enrolled in this study, 28 completed the treatment program, and 27 completed all interviews. Preliminary analyses showed significant decreases on symptoms and posttraumatic cognitions (e.g., Total Negative Cognitions, $t(27) = 4.42, p < .001$) from baseline to 3 month follow up. These changes remained significant at 12-month follow up, $t(27) = 5.65, p < .001$. Other outcome variables included housing, employment, income, activity level, and sobriety which also showed improvement. One surprising finding was the excellent rate of completion given participants' complex histories of trauma, substance abuse, frequent moves, and legal and health issues prior to treatment. Results suggest this treatment is effective in producing symptom reduction as well as life-style change. A unique factor of Renew is that it is designed to address underlying causes of distress by helping participants formulate holistic reappraisals of themselves and events in their lives. The poster will present an overview of the program and 12-month outcome data.

The Treatment of Traumatic Nightmares as Rehabilitation of Tortured Refugees

(Abstract # 83)

Poster # T-135 (Clin Res, Practice) **Atlanta Ballroom**

Tuire Toivanen, MD, MSc

Red Cross Center for Tortured Refugees, Stockholm, Sweden

Nightmares are very common after torture. The author works since 1992 at redcross centre for tortured refugees in Stockholm and has there met more than two thousand tortured persons. Sleeping disorders caused by traumatic nightmares are difficult to treat. Chronic fatigue and cognitive function reduction create invalidating, invisible handicaps in form of memory loss and deterioration of concentration. New learning becomes very difficult and depression becomes deeper. The brain is under a very hard continuous stress. Medication e.g. sleeping pills or anti-depressants is not a long-term solution, even if prazosin drug seems promising. The author has since 2002 systematically studied nightmares together with patients by help of a conversation technique based on Montague Ullmans findings. The method is a special kind of cognitive and narrative therapy. Patient and therapist together deal with and concentrate on the danger/fear (nightmare) during five hours, step by step. The discussion seems to be charitable. Almost all patients require the method again, when/if the nightmares come back.

Influence of Social Support on Abused African American Women's Substance Abuse

(Abstract # 91)

Poster # T-136 (Cul Div, Prev El) Atlanta Ballroom

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

Pepperdine University, Los Angeles, California, USA

The terror of intimate partner violence impacts the lives of women from all racial and socioeconomic backgrounds. However, the intersection of gender, race and socioeconomic status place African American women at increased risk for severe forms of partner abuse. Women who have experienced intimate partner abuse are at increased risk for substance use. The current study is a secondary analysis of the multisite Fragile Families dataset looking at the relationship between instrumental social support and substance use among African American women who have recently given birth. Findings from regression analyses indicated that women who had access to instrumental social support were less likely to indicate prenatal substance use. Counseling, research, and policy implications will be provided.

Experienced Trauma Among Sexual Minority African-American HIV+ Youth

(Abstract # 96)

Poster # T-137 (Child, Bio Med) Atlanta Ballroom

Beidas, Rinad, MA²; Hawkins, Linda, MD¹; Doty, Nathan, MD¹; Smith, Clare, MD¹; Radcliffe, Jerilynn, PhD¹

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

²Temple University, New York, New York, USA

HIV+ youth report higher rates of experienced trauma when compared with their peers. African American HIV+ sexual minority youth (N = 40; aged 16-24) were surveyed to determine experienced trauma. Of particular interest were differences between youth who endorsed receiving a diagnosis of HIV as their "worst" trauma (HIV-T; N = 22) when compared to youth who endorsed another experience as their "worst" trauma (Other-T; N = 18). Participants experienced on average 5.68 traumatic events over their lifetime. HIV-T youth experienced fewer traumas than Other-T youth (t (38) = 3.27, p = .00). Differences in symptom severity endorsement emerged when comparing the two groups, where HIV-T youth reported less severity at the symptom level when compared to Other-T youth. Given the number of traumas experienced by HIV+ youth, assessment for experienced trauma and sequelae is recommended. Additionally, youth who reported many traumas were less likely to endorse their disease as their worst stressor – suggesting that these youth may become desensitized to the experience of trauma given the chronicity of trauma in their lives. Additionally, since HIV-T youth showed less severe symptomatology when compared to Other-T youth, chronic illness may not evoke as severe a post-traumatic response as other traumas.

Race and Ethnicity Findings: The National Elder Mistreatment Study

(Abstract # 105)

Poster # T-138 (Cul Div, Soc Ethic) Atlanta Ballroom

Hernandez, Melba, MS; Acierno, Ron, PhD; Muzzy, Wendy, BS
MUSC, Charleston, South Carolina, USA

Method: This NIJ study used Random Digit Dialing to derive a random representative of 5,777 community-residing older adults. Participants were interviewed in English or Spanish about emotional, physical, sexual, and financial mistreatment and neglect occurring since age 60. Participants: The cooperation rate=69%. 60.2% were female, ave. age=71 years (SD = 8). Race: 85% were White, 7% Black, 2% American Indian, 1% Asian, 0.2% Pacific Islander. Ethnicity: 4.3% indicated they were of Hispanic or Latino origin. Results: With the exception of neglect, for which Hispanics reported significantly higher prevalences, there were no differences in any mistreatment type based on Hispanic ethnicity. Moreover, race-based differences were evident only for emotional abuse, with Pacific Islanders reporting significantly higher rates, and Asians reporting significantly lower rates. However, the apparent lack of race-based differences may be the result of somewhat small cell sizes for some analyses. Thus, racial subtypes were combined and dichotomized into Minority vs. White categories and comparisons for each mistreatment type were repeated. Analyses revealed that older adults in racial minority groups reported significantly higher rates of emotional mistreatment, neglect and financial exploitation than did Whites. No differences were evident for physical or sexual mistreatment.

Financial Exploitation in the U.S.: National Elder Mistreatment Study

(Abstract # 106)

Poster # T-139 (Soc Ethic, Res Meth) Atlanta Ballroom

Acierno, Ron, PhD; Muzzy, Wendy, BS; Hernandez, Melba, MS
Medical University of South Carolina, Charleston, South Carolina, USA

A national random sample of participants were interviewed via telephone in English or Spanish about past year financial mistreatment by relatives. The cooperation rate was 69%; 60.2% were women; average age=71 years; 85% were White, 7% Black, 2% American Indian, 1% Asian, 0.2% Pacific Islander. 4.3% were of Hispanic or Latino origin. Results Prevalence of financial mistreatment was 5.2%, making this a relatively frequently occurring type of elder mistreatment by trusted others. Bivariate analyses of risk factors reaching statistical significance were minority racial status, poor health, prior traumatic events, use of social services, and required help with activities of daily living. Multivariate risk analyses showed that only use of social services and required assistance with daily activities remained uniquely predictive of risk. Discussion Frail elderly were more likely to be targets. This finding is not surprising, and echoes past research on fraud and financial abuse in impaired older adults.

Posttraumatic Relational Syndrome: A Perspective Grounded in Empirical Data and Case Studies

(Abstract # 110)

Poster # T-140 (Practice, Clin Res) Atlanta Ballroom

Katz, Lori, PhD¹; Novac, Andrei, MD²; Ghafoori, Bitra, PhD³;
Pusateri, Toni, MD²

¹VA Long Beach Healthcare System, Long Beach, California, USA

²University of California Irvine Medical Center, Orange County, California, USA

³California State University, Long Beach, Long Beach, California, USA

The authors are proposing a new posttraumatic clinical manifestation, Posttraumatic Relational Syndrome (PTRS). This symposium will consist of presentations of empirical research and case studies that describe a particular group of patients who seem to have a better prognosis than those with Complex PTSD, but have a persistent and chronic impairment in relational functioning although may function well in other domains. Following interpersonal trauma, a cascade of events often renders victims to believe they are flawed, at fault, and unable to trust themselves, others, or the world (e.g., shattered assumptions). Distinct from PTSD, Complex PTSD, and Borderline Personality, Posttraumatic Relational Syndrome (PTRS) is a response to interpersonal trauma (e.g., emotional, physical, and/or sexual abuse) that is characterized by a disturbance in self-concept and a pattern of interpersonal dysfunction (e.g., abusive relationships, or avoidance of intimacy), and could co-exist with partial PTSD, sexual promiscuity, depression, and/or anxiety. If PTRS is indeed a distinct subtype of PTSD, then tailored assessment and treatments are warranted. The symposium will include: "Complexity of interpersonal trauma and the manifestation of PTRS," "Influence of attachment style on PTRS," "Case examples of successful treatment of PTRS" and "Cultural and Intergenerational considerations."

Frequencies of Posttraumatic Growth Experiences Among Japanese University Students

(Abstract # 115)

Poster # T-141 (Cul Div, Assess Dx) Atlanta Ballroom

Taku, Kanako, PhD; Phillips, Melanie, Undergraduate

Oakland University, Rochester, Michigan, USA

This study examined the gender differences in perceived frequencies of posttraumatic growth (PTG; the positive psychological changes resulting from the struggle with a major crisis) experiences. Participants were 212 Japanese undergraduate students (129 females and 83 males) with a mean age of 19.88 years (SD = 1.62). Frequencies of PTG experiences were measured by the Japanese translated PTG Inventory (PTGI-J). The instructions were to indicate how many times the change occurred in life. Chi-square test using the dichotomous scale (never vs. once or more) showed that males and females were not evenly distributed in the 4 out of 21 PTGI-J items including "I changed my priorities about what is important in life [chi-square(1) = 8.98]." The results using the four-point scale (never, just once, two times, or more than three times) indicated a u-shaped response style; more students reported either never experiencing change or experiencing change three times or more

overall. Men reported experiencing PTG three times or more with a higher frequency than women. The current results imply that Japanese men experience PTG more often but to a lesser degree than females, while females experience PTG less often but to a greater degree than males.

Out of the Office and Into the Fray: How to Make the Transition

(Abstract # 125)

Poster # T-143 (Practice, Disaster) Atlanta Ballroom

Britton, Dianne, LCSW

Knoxville, Tennessee, USA

Many mental health professionals want to help during a disaster but are not prepared and do not know what steps to take to be involved. If you want to participate and do not know how, this seminar will help answer your questions. The presenter will discuss how to translate professional skills into the unique environment of crisis response using basic psychological first aid. Opportunities will be provided to practice psychological first aid from a strengths and resiliency perspective.

PTSD Symptoms and Sleep Problems Interact to Predict Marijuana Use Coping Motives

(Abstract # 134)

Poster # T-144 (Clin Res, Bio Med) Atlanta Ballroom

Vujanovic, Anka, PhD¹; Babson, Kimberly, MA²; Bonn-Miller, Marcel, PhD³; Feldner, Matthew, PhD²; Potter, Carrie M., BA⁴

¹Brown Medical School, Providence, Rhode Island, USA

²University of Arkansas, Fayetteville, Arkansas, USA

³VA Palo Alto & Stanford, Menlo Park, California, USA

⁴National Center for PTSD, VA Boston Healthcare, Boston, Massachusetts, USA

The purpose of the present investigation was to provide an empirical evaluation of the theoretically-based hypothesis that greater PTSD symptom severity (excluding sleep problems) and greater sleep problems (main and interactive effects) would be associated with higher levels of coping-motivated marijuana use among a clinical sample. As an index of explanatory specificity, it was hypothesized that no such interactive effect would be evident for any other marijuana use motives. Twenty (15 females) adults (M age = 34.00 years, SD = 11.96) currently using marijuana and meeting diagnostic criteria for current PTSD participated in the study. Results indicated a significant omnibus model [$F(3, 16) = 5.79, p < .05$]. Specifically, sleep problems accounted for significant variability in marijuana use coping motives [$\beta = .5^*$; $p < .05$], but there was not a relation between PTSD symptom severity and coping motives for marijuana use. The addition of the interaction term at level 2 accounted for a significant additional 19% of unique variance [$\beta = -.7^*$; $p < .01$] in coping motives, with the entire model accounting for 52% of the variance in coping motives ($p < .05$). Results indicated nonsignificant omnibus regression models for other use motives. Clinical and theoretical implications of the current work will be explicated.

Child Coping and Parent Coping Assistance Following a Potentially Traumatic Injury

(Abstract # 135)

Poster # T-145 (Child, Prev El) **Atlanta Ballroom**

Marsac, Meghan, PhD; Donlon, Katharine, BA; Kassam-Adams, Nancy, PhD; Winston, Flaura, MD, PhD

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

Physical injury is one of the most common potentially traumatic events for children, with a significant number of injured children developing persistent posttraumatic stress symptoms (PTSS) or posttraumatic stress disorder (PTSD). Parents play an important role in helping children cope with these stressors. However, the role of coping following injury remains unclear. The purpose of these analyses was to examine data from three studies (evaluating variables related to PTSS after injury) to begin to understand the type and amount of coping typically used when encountering a medical trauma. Findings suggest that children use multiple coping strategies, and the reliance on more strategies is related to more PTSS. Parents plan to utilize coping assistance strategies including talking with their children, providing comfort, and alleviating their children's fears following discharge from the hospital. Findings indicate that parents most frequently provide coping assistance in the forms of distraction and helping children return to normal activities. Parent coping assistance is associated with more severe child avoidance after the injury. Thus, while additional research is necessary, these initial findings suggest that child coping and parent coping assistance following a medical trauma might be important factors to consider when designing secondary injury prevention programs.

No More Nightmares-Using Planned Dream Intervention to End Nightmares

(Abstract # 142)

Poster # T-146 (Practice, Mil Emer) **Atlanta Ballroom**

Dexter, Beverly, PhD

No More Nightmares, Valley Center, California, USA

This workshop presents introductory training on how to use Planned Dream Intervention. Dr. Beverly Dexter, author of *No More Nightmares: How to Use Planned Dream Intervention to End Nightmares*, explains in this workshop that having distressing, disturbing or recurring content in dreams is normal when people have stressful experiences. Dream work occurs at the neuron level, not at a conscious psychological level, and though dream content may be important, we should not try to "interpret" it. Many normal, non-violent individuals have violent or alarming content in their dreams after experiencing combat or other disturbing events. However, violent dreams do not create violent behavior; it is the other way around; when a person has violent experiences, they are likely to have 'aggressive' or alarming content in their dreams. With Planned Dream Intervention, your clients can learn to sleep through whatever the dreams are and wake up feeling rested in the morning. Most individuals who learn how to use this skill are no longer woken up by nightmares after the first night that they use the intervention. Regular practice of the Planned Dream Intervention skill will help people to sleep restfully through dreams, even in the future, with a resulting improvement in their health.

The Role of Traumatic Stress in the Clinical Presentation of Neurotic Disorders After Brain Injury

(Abstract # 143)

Poster # T-147 (Clin Res, Civil Ref) **Atlanta Ballroom**

Margaryam, Samuel, MD

Center of Mental Health, Yerevan, Armenia

Objective: to find how traumatic stress conduce to the development of non-psychotic disturbances after brain injury. Methods: 124 patients (mainly war participants) after brain injury had been examined at the Center "Stress". Using specially designed questionnaires the psychiatric states of the mentioned patients had assessed. They also completed SCL-90 checklist. Results: The psychopathological analysis showed, that the patients could be distributed into 3 groups. 31 of them had developed asthenic-depressive disturbances (Gr1), 57-personality changes (Gr2), 36-nosophobic and hypochondriacal disturbances (Gr3). 90% of patients of the Gr2 were affected by severe psychogenic factors such as reminiscences of war, painful losses, family poverty, but only 32% of patients in Gr1 and 22% of patients in Gr3 had the same influences. So the number of distressed patients in the personality changes group was significantly higher than in the other groups ($p < 0.001$). The Hostility is significantly higher in group B according to SCL-90, than in groups A ($p < 0.05$) and C ($p < 0.001$). Conclusions: The traumatic stress is of great importance in the development of personality changes and social disadaptation, so it is important from the early stages after brain injury carry out psychotherapeutic treatment to prevent the pathological development of personality.

Randomized Clinical Trial of Imagery Rescripting in Veterans With Trauma-Related Nightmares

(Abstract # 147)

Poster # T-148 (Clin Res) **Atlanta Ballroom**

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

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

The present study reports on a currently ongoing randomized clinical trial of a four session intervention to treat posttraumatic nightmares (PTNM) nightmares in the veteran population (projected sample size of 30 veterans from any war era). Six-month prevalence rates in treatment seeking populations range from 61-67%, and reported prevalence rates in the Vietnam Veteran population range from 53-88%. Developing specific interventions to target PTNMs is important because they are a highly prevalent and treatment resistant, and distressing symptom of current PTSD, and they predict both the severity and development of future PTSD symptoms when they develop directly after exposure to a trauma. Variants of imagery rehearsal therapy (IRT) are promising for the reduction of the severity and frequency of trauma-related and idiopathic nightmares, PTSD symptoms, depression, and improving sleep quality, based on several randomized clinical trials. Despite this growing body of literature, only two open trial studies has investigated the use of IRT in the veteran population. The variant of IRT utilized in this study emphasizes both exposure to the original nightmare content and imagery rescripting. Preliminary analyses reveal that the treatment group was significantly improved on all psychological variables.

Victims' and Perpetrators' Understanding of Consent and Intoxication in Sexual Assault

(Abstract # 160)

Poster # T-149 (Clin Res, Soc Ethic) **Atlanta Ballroom****Rutter, Lauren, BA; Flack, William, PhD***Bucknell University, Lewisburg, Pennsylvania, USA*

Although contrary to institutional and legal guidelines, college students often believe that alcohol intoxication entails consent to sex. This study was designed to understand how sexual assault victims/non-victims and perpetrators/non-perpetrators understand the relationship between consent and intoxication. Web-based, anonymous data were collected from systematically drawn, representative samples of 198 female and 114 male students at a small university in the rural northeastern US. Students completed a battery of instruments including the revised Sexual Experiences Survey (SES; Koss et al., 2007), and made judgments of sexual scenarios regarding consent, wantedness, and consistency with university and state definitions of rape, sexual assault, and indecent assault. 44% of women reported attempted/completed victimization, and 12% of men reported attempted/completed perpetration on the revised Sexual Experiences Survey. Statistical planned comparisons revealed significant gender differences in ratings of scenarios, with more extreme differences between victims and perpetrators. As expected, women were more likely than men to judge scenarios as not consensual, unwanted, and violating university policy or state law. Conclusions from and limitations of the research will be discussed with emphasis on their implications for campus sexual assault prevention.

Biofeedback Treatment Efficacy With PTSD and Related Disorders

(Abstract # 162)

Poster # T-150 (Clin Res, Practice) **Atlanta Ballroom****O'Malley, Leslie, PsyD; Corrigan, Sheila, PhD; Chambliss, Jessica, BA; Franklin, Laurel, PhD***Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA*

A critical review of literature examining the effectiveness of biofeedback with PTSD and related disorders was conducted. Few studies have examined PTSD and biofeedback treatment, and those that have utilized biofeedback in conjunction with various forms of exposure therapies, and focused on reducing PTSD re-experiencing symptoms. Similarities between PTSD hyperarousal symptoms and other disorders that respond well to biofeedback are presented. A rationale for future well-controlled biofeedback research that measures the treatment of PTSD hyperarousal, instead of traditionally targeted re-experiencing symptoms, is outlined. A brief biofeedback protocol for PTSD-related hyperarousal is presented. Strengths and weaknesses of this protocol are examined with use for veterans from Operation Enduring and Iraqi Freedom (OEF/OIF) and suggestions for future generalizability discussed.

Resilience in Modern War: Psychometrics of the Connor-Davidson Resilience Scale With Combat Veterans

(Abstract # 164)

Poster # T-151 (Mil Emer, Clin Res) **Atlanta Ballroom****Bryan, Brandon, PsyD¹; Taber, Katherine, PhD¹; Hurley, Robin, MD¹; Calhoun, Patrick, PhD²; Straits-Troster, Kristy, PhD²**¹*W.G. Hefner VAMC, Salisbury, North Carolina, USA*²*Durham VA Medical Center, Durham, North Carolina, USA*

Psychiatric casualties of modern warfare exceed the physical injuries. Although acute posttraumatic symptoms are common, not all soldiers exposed to the horror of war develop chronic psychological dysfunction. A variety of protective and vulnerability factors have been identified as influencing the development of posttraumatic symptoms. Resilience has been suggested as a significant protective factor and is described as a trait, process, or outcome associated with trauma. The Connor-Davidson Resilience Scale (CD-RISC) is a 25-item measure designed to assess a broad "stress coping ability" drawn from several theoretical constructs including hardiness, stress coping skills, self-confidence, effective use of social support, and optimism (Connor & Davidson, 2003). Research on the CD-RISC has yielded multiple factor structures in diverse populations but has also demonstrated its utility as a measure of PTSD treatment outcome. In this study, an exploratory factor analysis and a confirmatory factor analysis was performed on a sample of OEF/OIF combat-exposed veterans. Additional analyses examined the convergent, discriminant, and criterion related validity of the CD-RISC in predicting symptoms of PTSD in conjunction with intelligence, pre-service traumas, combat exposure, and combat injury. Resilience as a moderator of combat exposure in predicting trauma symptoms was also examined.

First Aid for Trauma: A Comprehensive Wholistic Toolbox for Trauma Shock

(Abstract # 166)

Poster # T-152 (Practice, Disaster) **Atlanta Ballroom****Pease-Bannitt, Susan, MASW***Private Practice, Lotus Heart Counseling, Portland, Oregon, USA*

O.K. your client is in the middle of something big- maybe even terrifying. There is no time to call anyone or help may be on the way, but your help is needed right now. What do you do? What can you do? What do you need to have on hand to help? What can clients have in their Trauma First Aid Kit at home when they get triggered between sessions? When the mind is assaulted by overwhelming events that threaten our feeling of wellbeing and safety the body tends to go into "lockdown" mode automatically. The body becomes filled with overwhelming tension and adrenaline and there is a cascade of physical and mental/emotional symptoms that can persist for years with long-term negative effects. These symptoms can also spill over onto the caregiver in a vicarious traumatization effect. In this workshop you will get practical, time tested techniques from a variety of sources both ancient and modern to immediately address trauma shock analogous to the way first responders handle physical shock. Interventions for trauma shock fall into one of four categories: Grounding, Clearing, Restoring and Suppression. At the end of this workshop, you will know which category of

intervention you and your patient need and have a variety of tools on hand to use in addressing the phenomenon of trauma shock.

Examining MMPI-2 Fake Bad Validity Scales in OEF/OIF Veterans Diagnosed With PTSD

(Abstract # 167)

Poster # T-153 (Assess Dx, Practice) **Atlanta Ballroom**

Chambliss, Jessica, BA¹; Franklin, Laurel, PhD²; Garcia, Hector¹

¹Department of Veterans Affairs, San Antonio, Texas, USA

²LSU/SLVHCS, New Orleans, Louisiana, USA

Treatment-seeking veterans diagnosed with posttraumatic stress disorder (PTSD) related to Operation Enduring or Iraqi Freedom (OEF/OIF) were administered the MMPI-2 as part of diagnostic information gathering and treatment planning. Our study examined MMPI-2 fake bad validity scales (F, F-K, Fp) in this veteran sample (N = 116). Seventy-eight percent of veterans had an F-scale T-score over 65, and 32% elevated F over a T-score of 80. Few veterans elevated more specific MMPI-2 scales thought to measure over-reporting (Fp and F-K). Differences emerged between veterans with and without elevated (> 80T) F scale scores on other MMPI-2 fake bad scales, MMPI-2 clinical scales, and self-report measures of psychopathology. Effect sizes were generally large. Comparison to previous research using veterans diagnosed with PTSD related to other combat experiences and future directions for research with OEF/OIF veterans is discussed.

Detection of Feigned PTSD in Assessments of Combat Veterans Using the MMPI-2 and SIRS

(Abstract # 169)

Poster # T-154 (Assess Dx, Practice) **Atlanta Ballroom**

Foster, Alyce, MA²; Franklin, Laurel, PhD¹; Corrigan, Sheila, PhD²; Thompson, Karin, PhD⁴; Walton, Jessica, MS²; Chambliss, Jessica, BA¹; Uddo, Madeline, PhD²; Elhai, Jon, PhD³

¹Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

²New Orleans VA Medical Center, New Orleans, Louisiana, USA

³University of Toledo, Toledo, Ohio, USA

⁴VA Medical Center, Memphis, Tennessee, USA

⁵IIT, Chicago, Illinois, USA

Veterans diagnosed with PTSD from treatment intake or compensation and pension examinations (N = 72) were administered the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and Structured Interview of Reported Symptoms (SIRS). Our study examined the use of the MMPI-2 fake bad scales (F, Fb, F-K, Fp) to predict SIRS-based criterion feigning groups in this sample. Using three SIRS classifications, 32 veterans were classified as "honest" responders and 27 as "feigning." The base rate of feigning for this sample was 37.5%. Significant differences between the two groups on self-report measures of depression and PTSD, and MMPI-2 clinical scales emerged. Nonparametric receiver operating characteristics (ROC) analysis was conducted to assess the accuracy of the MMPI-2's fake bad scales in detecting feigning based on the SIRS. Sensitivity, specificity, hit rates, positive predictive power (PPP) and negative predictive power (NPP) statistics for MMPI-2 fake bad cut scores (F = 107T, Fb = 108T, Fp = 100T, F-K = 10), were determined. Implications of the findings are discussed in relation to current literature on response style in assessment of PTSD.

Examining Levels of Posttraumatic Distress Following Criterion A-1 Traumas vs. Non-Traumatic Negative

(Abstract # 170)

Poster # T-155 (Assess Dx, Res Meth) **Atlanta Ballroom**

White-Chaisson, Elizabeth, MA; Petretic, Patricia, PhD; Burleson, Karin, BA; Perdeu-Jacobs, Ingrid, PhD

University of Arkansas, Fayetteville, Arkansas, USA

Much argument has been made over the distinction between "classic trauma" and negative life events that result in traumatic symptoms, particularly in terms of which traumatic events can be considered in making a diagnosis of PTSD. Some researchers argue that only events that would be considered traumatic to any person should be included when making a diagnosis, while recent research has suggested that non-traumatic negative life events also have the capacity to elicit PTSD. This study examined a group of undergraduate participants who reported a history of trauma and/or a history of non-traumatic negative life events as part of a larger study investigating the nature of resilience. Significant differences were found between those who reported a history of non-traumatic negative life events and those who experienced a Criterion A-1 trauma in addition to non-traumatic negative life events on a measure of posttraumatic symptoms. It was noted that those who reported a history of trauma and negative life events reported significantly more posttraumatic symptoms than those who experienced negative life events only. These results suggest that Criterion A-1 trauma events are more salient to the development of posttraumatic distress, thereby challenging recent assertions that point to non-traumatic negative life events as capable of eliciting similar or more severe PTSD symptoms.

Exposure to Domestic Violence Predicts Child Aggression Subtypes

(Abstract # 171)

Poster # T-156 (Child, Prev EI) **Atlanta Ballroom**

Huston, Parker, MA; von Eye, Alexander, PhD; Bogat, G. Anne, PhD; Davidson, William, PhD; Levendosky, Alytia, PhD

Michigan State University, East Lansing, Michigan, USA

Although many studies have investigated the etiology of aggression in children, few have looked at how domestic violence (DV) may impact aggression development. The present study uses a longitudinal multi-informant design to test how DV may impact the development of proactive and reactive aggression subtypes in 7-year-olds. 176 mothers reported on their children's aggressive behavior at age 4 and on their own DV experience yearly between the children's 4th and 7th birthdays. We also collected behavior reports from teachers when children were 4 and 7 years of age. Grouping variables included amount of DV exposure in years (none, 1-2, chronic), high or low on mother- and teacher-rated aggression (age 4), and high or low on teacher reported proactive and reactive aggression (age 7). The high-low dichotomies for aggression were calculated such that scores 1+ SD above the mean were considered high. Logistic regressions showed that duration of DV exposure is significantly related to increased proactive and reactive aggression. The interactions between both mother- and teacher-rated behavior at age 4 and DV exposure were the best predictors of aggression subtypes at age 7. In a configural frequency analysis, groups with chronic exposure to DV and either mother- or teacher-rated behavior problems at age 4

were most likely to be reactively, but not proactively, aggressive at age 7.

Physical and Sexual Child Abuse Has Long-Term Effects on Startle Response Magnitude

(Abstract # 174)

Poster # T-157 (Bio Med, Clin Res) **Atlanta Ballroom**

Blanding, Nineequa, BA; Norrholm, Seth, PhD; Duncan, Erica, MD; Ressler, Kerry, MD, PhD; Jovanovic, Tanja, PhD

Emory University, Atlanta, Georgia, USA

Understanding the neurobiological correlates of childhood maltreatment are critical to delineating stress-related psychopathology. The acoustic startle response (ASR) is a subcortical reflex modulated by neural systems implicated in posttraumatic stress disorder (PTSD). Furthermore, childhood maltreatment is a significant risk factor for PTSD in adults. We measured baseline and fear-potentiated startle to a 40ms broadband noise using electromyographic (EMG) recordings of the eyeblink in a highly traumatized civilian population (N=60). We assessed history of abuse with the Childhood Trauma Questionnaire and current symptoms with the PTSD Symptom Scale and the Beck Depression Inventory. Analysis of variance of startle magnitude showed a significant between-group effect for physical (F(1, 58)=4.08, p<0.05) and sexual (F(1, 58)=6.98, p=0.01) abuse, with subjects experiencing moderate to severe abuse exhibiting greater startle responses. This effect remained significant after co-varying for the subjects' age and sex, as well as PTSD and depression symptoms. These new data demonstrate abuse-related altered baseline startle response that is not accounted for by PTSD or depression symptoms. Increased startle may be a marker of dysregulated adrenergic tone or HPA-axis stress responsiveness that can be a persevering consequence of early trauma exposure during childhood.

Strength-Based Functioning and Trauma Treatment Outcomes of Children Affected by 9/11

(Abstract # 179)

Poster # T-158 (Child, Cul Div) **Atlanta Ballroom**

Gomez, Marilyn, BA¹; Rodriguez, James, MSW, PhD²; Gleacher, Alissa, PhD¹; Perez, Melanie, PhD²; Hoagwood, Kimberly, PhD²

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

²*New York State Office of Mental Health, New York, New York, USA*

Little research has been done on protective factors influencing recovery from PTSD symptoms. In our present study we will examine factors that influence treatment outcomes, namely, the role that strength-based functioning has on recovery from traumatic stress symptoms. We used the sample of New York City families that was recruited for the Child and Adolescent Trauma Treatment Services (CATS) project, which was designed to deliver and evaluate cognitive behavioral therapy for school age children and adolescents affected by the World Trade Center disaster. Linear regression analyses will be used to examine the predictors of trauma symptoms, assessed by the PTSD Reaction Index, across five domains of strength-based functioning: interpersonal functioning, intrapersonal functioning, family involvement, school performance, and affective strength. Preliminary correlational

results show that trauma symptoms significantly decreased over time for all youth and that the improvement in strength-based functioning is related to decreases in trauma symptoms over time. This is an important relationship to examine because as we disseminate psychosocial trauma treatments for children and adolescents affected by disaster, we can gauge the importance of teaching strength-based functioning skills as part of trauma treatment to promote greater reductions in PTSD symptoms.

CTTS Group Therapy Model for Torture Survivors' Treatment

(Abstract # 183)

Poster # T-159 (Clin Res, Civil Ref) **Atlanta Ballroom**

Kira, Ibrahim, PhD¹; Smith, Iris, PhD²; Kanawati, Yassar, MD¹; McAdams-Mahmoud, Vanessa, LCSW¹; Wasim, Fatima, MS, NCC¹; Ghandi, Payal²; Sistal, Vani²; Schmisstrauter, Shelly, MPH²

¹*Center for Torture and Trauma Survivors, Dekalb, Decatur, Georgia, USA*

²*Emory University, Atlanta, Georgia, USA*

Torture consists of different traumas that targeted an individual of out-groups. Collective identity is important factor in this complex trauma. The multi-systemic, multi-component, wraparound psychosocial rehabilitation approach for torture treatment addresses the three systems affected by torture: The individual, family members and the group. Group therapy for torture survivors is important component of this model. Group therapies extend to community healing. Groups develop their cohesion to graduate to a social community club. New graduates from the group join the club and become part of the social advocacy process and of group and community healing. Bashal Somali women group is an example of this model. The women therapy group developed to be social club for Somali torture survivor women who developed after a year to have their own women club that convene and arrange social activities and work on arts and crafts and have their events to celebrate and sell their products and lobby against torture in the community at large. Following this model, currently CTTS conducts families and women groups for Iraqis, Burmese men's group, Bhutanese family group, African women's group who survive both torture and HIV (caused by rape during torture). Presenters will share experience in conducting some of these groups, and the emerging issues and stages, and measured outcomes.

Association Between Apolipoprotein E Polymorphism and PTSD in the Vietnam Veterans of Korea

(Abstract # 184)

Poster # T-160 (Bio Med, Assess Dx) **Atlanta Ballroom**

Kim, Tae Yong, MD¹; Chung, Hae Gyung²; Chung, Moon Vong, MD¹; Choi, Jin Hee, MD¹; Shin, Han Sang, MD¹; Choi, Tae Kyou, MD¹

¹*Seoul Veterans Hospital, Republic of South Korea*

²*Bundang CHA General Hospital, Republic of South Korea*

Apolipoprotein E (APOE) genotype has reported to be associated with cognitive function and psychopathology in psychiatric population. And One study has reported that APOE 2 allele is associated with worsening of reexperiencing symptoms and impaired memory functions in posttraumatic stress disorder (PTSD) subjects. The aim for this study is to investigate the association between APOE genotype and PTSD. We recruited 189

Vietnam veterans for participation in this study, among whom 99 were PTSD patients and 90 were control subjects. The presence of the APOE polymorphism was determined by polymerase chain reaction. Several standardized research scales were used in the clinical assessment of PTSD, including the Combat Exposure Scale (CES), Clinician Administered PTSD Scale (CAPS), Beck Depression Inventory (BDI), and Clinical Global Impression (CGI). Result Significant differences were found with APOE genotype and allelic distribution between PTSD group and control group. APOE 2 allele is more frequent in PTSD group ($\chi^2=6.635$, d.f.=1, $p=0.012$). But we found no significant association between the presence of APOE 2 allele and CAPS subscales (reexperience, avoidance, hyperarousal) In this study, there were differences between PTSD and control group with genotype distribution of APOE polymorphism. APOE ϵ 2 allele is supposed to have negative effects on PTSD.

Trauma Dreams: Content Characteristics When Trauma Was an Act of Killing

(Abstract # 195)

Poster # T-163 (Practice, Clin Res) **Atlanta Ballroom**

Lipke, Howard, PhD²; MacNair, Rachel, PhD¹

¹Institute for Integrated Social Analysis, Kansas City, Missouri, USA

²North Chicago VA Medical Center, North Chicago, Illinois, USA

Post-trauma nightmares are noted for their eidetic character and similar features that differentiate them from other repetitive nightmares. The literature from therapy groups and case studies reports that when the trauma was an act of killing, the content of dreams shows some characteristic motifs, the awareness of which would benefit therapists who serve such clients. From their clinical work, Glover and Lifton report clients' dreams explicitly linked to having killed in Vietnam. In addition to the eidetic dreams, major motifs include: 1) being themselves killed in the dream, or being vulnerable; 2) having the victims accuse or demand explanations of the dreamer; 3) two separate selves, as with Lifton's "doubling" concept. Scattered case studies throughout the literature further illustrate these motifs. The poster will include examples of dreams from these three motifs, along with a bibliography of the literature that reports the dreams from which they are drawn.

Prevalence of Mental Health Disorders and Service Utilization Among Student Veterans: A Pilot Study

(Abstract # 198)

Poster # T-164 (Mil Emer) **Atlanta Ballroom**

Cate, Chris, MA; Gerber, Michael, PhD; Holmes, David, BA

University of California, Santa Barbara, Santa Barbara, California, USA

With the passage of the new GI Bill, Student Veterans will enroll in college and universities in numbers not seen since post-World War II. However, some Student Veterans will arrive on college campuses with a unique set of difficulties and needs due to their military service. In addition to the physical wounds of combat, Student Veterans may be coming to college campuses with invisible wounds—mental health disorders. The more common mental health disorders from current military operations are Post Traumatic Stress Disorder (PTSD), Depression, and Traumatic Brain Injury (TBI). Colleges and universities already

have established programs (e.g. Disabled Student Programs and Services, Veteran's Affairs Office) which may serve Student Veteran needs and aid in their transition from the military to higher education. However, the frequency with which Student Veterans access these services, and the benefits they receive from these services are not widely known. This pilot study is using a web survey to collect data on a sample of Student Veterans prior to the reauthorization of the GI Bill at post-secondary campuses to measure the prevalence of mental health disorders among Student Veterans prior to the reauthorization of the GI Bill, their use of on-campus services, and the benefits they receive from these services. Data is being analyzed at the time of this abstract submission.

Prostituted

(Abstract # 205)

Poster # T-165 (Soc Ethic, Prev EI) **Atlanta Ballroom**

Spiwak, Frida, PhD

Bal Harbour, Florida, USA

This documentary presents real-life testimonies that confirm a plethora of studies of women that are or were exploited in the sex industry. The thesis of "Prostituted" is that prostitution and international human trafficking go hand in hand, and that to the study of one phenomenon is inexorably linked to the other. Sexual exploitation is one of the oldest and most abused of human rights, directed mostly at women and children. Sexual exploitation occurs with total impunity to the abusers, whether the pimp, the client, or governments that support the industry as a whole. Experts on public health and disaster trauma explain and classify international sexual exploitation as serious problem of pandemic dimensions. As victims say, international trafficking is the recruitment for prostitution. Moreover, studies done in populations with prostituted women showed that complex PTSD is the diagnostic rule rather than the exception. In addition, families displaced by war, civil wars, or violence are more vulnerable populations to be sexually exploited, selling "survival sex." Being prostituted is never a choice; it is a contemporary manifestation of slavery. Governments and academics must consider sexual exploitation as a criminal act for the abuser not a life choice for the abused.

Treating Trauma in Post Conflict Sierra Leone

(Abstract # 208)

Poster # T-166 (Civil Ref, Child) **Atlanta Ballroom**

Hoffman, Sigalit, MD; Sargent, John, MD

Tufts Medical Center, Boston, Massachusetts, USA

Although the civil war in Sierra Leone ended seven years ago the scars of trauma remain fresh. The challenges of rehabilitating former child soldiers are many. They were exiled from their families, stigmatized by their communities and abandoned by aid agencies. Some organizations are trying to reintegrate the country's disenfranchised youth by encouraging skills training and education; however, few provide a framework through which to process the trauma experience. A lack of comprehensive mental health infrastructure is an obstacle in providing good care to the chronically mentally ill and those suffering from conflict-related post traumatic stress disorder. There are no training programs to screen for traumatized individuals or the chronically

mentally ill; moreover, there are few places to refer members of these two groups. A single psychiatrist serves the country's entire population of mentally ill and war involved youth. In a country of five million there is one psychiatric hospital, no substance abuse programs and no homeless outreach groups. Consequently, many former child soldiers continue lives of vagrancy, drug abuse, prostitution and incarceration. This paper provides an overview of the challenges the country faces in addressing the fallout of the civil war and suggests ways these challenges may be surmounted.

Empathy, Psychological Distress Among ER Nurses and Pain Management: Nurses' Perceptions

(Abstract # 218)

Poster # T-167 (Mil Emer, Prev El) **Atlanta Ballroom**

Lavoie, Stephan, RN, PhD Cand; Bourgault, Patricia, RN, PhD¹; Gregoire, Maryse, RN, MA²

¹Université de Sherbrooke, Québec, Canada

²CHUS, Sherbrooke, Québec, Canada

Post-traumatic stress disorder (PTSD) prevalence among ER nurses is higher than prevalence among the general population (12% vs. 7%). Does the ER nurses' psychological status affect the way they help their patients? Surprisingly, no study that we know of investigated this issue. An exploratory, descriptive design was used for this study. Quantitative and qualitative data were collected with validated questionnaires and open questions from 29 ER nurses in a university hospital in Quebec, Canada. Our results showed that 1) psychological distress is higher in ER nurses than in the general population; 2) empathy level is lower in ER nurses than in other medical care professions; 3) nurses perceive the working environment and patient characteristics to have an influence on their psychological distress; 4) the level of empathy in the nurses influences their ability to soothe patient pain. This presentation will focus on the two latter points with a PTSD conceptual model.

Stalking Victimization, Co-Morbid Victimization, and Psychopathology in a National Sample of Latinas

(Abstract # 223)

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

Thurber, Sarah, BS¹; Cuevas, Carlos, PhD¹; Sabina, Chiara, PhD²

¹Northeastern University/Suffolk University, Boston, Massachusetts, USA

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

There is limited knowledge on the scope of victimization among Latino women, particularly stalking. The Sexual Assault Among Latinas (SALAS) Study examined Latino women's experiences with a variety of victimization incidents. Using Random Digit Dialing (RDD) and Computer Assisted Telephone Interviewing (CATI), 2,000 Latino women were surveyed. Data on victimization experiences was collected using the Lifetime Trauma and Victimization History (LTVH) Instrument and the Trauma Symptom Inventory (TSI) was used to determine trauma associated with symptomatology. Results show that 18.3% of the sample experienced stalking victimization. Stalking victims experienced higher rates of other forms of victimization in comparison to non-stalking victims, which include physical assaults (56.2%),

sexual victimization (49.0%), threat of victimization (58.6%), and witnessed victimization (43.0%). Regression results also indicate that having been a victim of stalking was predictive of pathological levels of depression, anger, anxiety, and dissociation. The analysis suggests that Latino stalking victims are at risk of having experienced other forms of victimization and are likely to present high levels of trauma-related symptomatology. The discussion will focus on how our results fit in the greater context of stalking victimization among women and what aspects may be unique to Latino women.

Acceptability of Computer-Guided Prolonged Exposure Therapy for PTSD

(Abstract # 224)

Poster # T-169 (Clin Res) **Atlanta Ballroom**

Zayfert, Claudia, PhD²; Cartreine, James, PhD¹

¹Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA

²Dartmouth Medical School, Lebanon, New Hampshire, USA

Prolonged exposure therapy (PE) is one of the most effective methods of treating posttraumatic stress disorder (PTSD), yet many service members with PTSD do not receive it. Computer-guided administration of PE for PTSD could address many barriers to access and increase dissemination of this evidence-based treatment. The ultimate goal of this research is to produce a computer-based intervention to guide users through a complete, multi-session course of treatment for PTSD, including psychoeducation, treatment rationale, and imaginal and in vivo exposure. The aim of the current study is to understand the acceptability of computer-based PE to service members and their care providers. We will present data from a survey of service members, primary care providers, and mental health specialists regarding: a) the extent to which they believe a computer guided program would address treatment barriers and would be acceptable to service members who are reluctant to seek traditional mental health services; and b) how such a program should be integrated into existing care structures. The information gathered in this project will help to develop a complete computer-guided PE program that is both technically feasible and clinical useful.

Gender Differences in Psychobiological Response to Trauma: A Role for Social Support and Oxytocin?

(Abstract # 226)

Poster # T-170 (Cul Div, Bio Med) **Atlanta Ballroom**

Olff, Miranda, PhD

Academic Medical Ctr, Amsterdam, Netherlands

The prevalence of posttraumatic stress disorder (PTSD) in the general population is about two to three times higher in women than in men. It is thus of great interest to evaluate gender differences in posttrauma reactions. It is still not known, for example, whether women's higher risk of PTSD is more strongly associated with psychosocial factors (such as the various environmental experiences of being female) or with biological factors (like hormonal differences). In this presentation the literature will be systematically reviewed on differences between men and women in trauma and trauma response with emphasis on the role of social support and oxytocin. Females and males handle stressful situations differently and have

evolved differentially to support these different behaviours. Women in stressful situations may use a tend-and-befriend response—mediated by oxytocin in conjunction with female reproductive hormones and endogenous opioids— rather than the fight-or-flight response that is often assumed. There is an important role for oxytocin in the reduction of the stress response and in social behaviors. Women appear to have more sensitized hypothalamus-pituitary-axis than men, while men appear to have a sensitized physiological hyperarousal system. Clearly, we need more research on psychobiological responses in explaining posttrauma responses in men and women to fully understand gender differences in PTSD.

Parental Views on Their Children’s Participation in Trauma Research: A Mixed Methods Approach

(Abstract # 230)

Poster # T-171 (Res Meth, Child) **Atlanta Ballroom**

Alicis, Eva, MA MSc¹; Oskam, Christina, Msc²; Kleber, Rolf, PhD³;

¹University Medical Center Utrecht Psychotrauma Center for Children & Youth, Utrecht, Netherlands

²Perspectief, Giessenburg, Netherlands

³Utrecht University, Clinical & Health Psychology, Utrecht, Netherlands

In empirical studies it is crucial to have high, non-selective participation rates to get statistically relevant and ecologically valid results. While this is a difficult task in adult trauma studies, it appears to be even more challenging when studying trauma in young children. To protect children from harmful experiences, parents serve as gatekeepers in the informed consent procedure. Several factors may influence parental views on their children’s participation in trauma research and subsequently affect informed consent and participation rates. We studied these factors in a mixed method design. First, we analysed demographic and school variables relating to informed consent for 2346 children in the normal population in the Netherlands who were invited to take part in a study on trauma exposure and posttraumatic stress reactions. Second, we conducted semi-structured interviews with 14 parents of 8 children following a grounded theory approach. The topic list for these interviews was based on answers to open questions on the informed consent forms in the quantitative part of the study, literature review, and expert consultation. Parents’ reasons and requirements for research participation of their children were explored. In this poster, the results of the study will be presented, followed by suggestions for improving informed consent procedures.

Attachment Relationships, MCMI III Personality Patterns, and Race in Combat Veterans

(Abstract # 234)

Poster # T-172 (Cul Div, Assess Dx) **Atlanta Ballroom**

Ghafoori, Bitu, PhD; Hierholzer, Robert, MD

California State University Long Beach, Long Beach, California, USA

This pilot investigation conceptualized significant relationships in terms of attachment theory and explored the relationship of attachment, personality disorders, and race in a sample of combat veterans. Veterans participated in a structured clinical interview and completed self-report attachment and personality disorder measures. Associations of attachment and personality

disorder status were investigated in a convenience sample of 99 veterans. The findings suggest that insecure attachment made the greatest predictive contribution to schizoid, avoidant, dependent, histrionic, narcissistic borderline and paranoid personality disorders even after controlling for demographics, level of combat exposure, and current Posttraumatic Stress Disorder. Results suggest that significant differences emerged between the Caucasian, African-American, and Hispanic racial groups on obsessive-compulsive PD ($F(2, 90) = 3.69, p = .03$) and paranoid PD ($F(2, 90) = 3.61, p = .03$). Implications of the results for the treatment of individuals exposed to combat trauma are discussed.

Parasympathetic Nervous System Responses to Stress Conditions are Associated With PTSD Symptoms

(Abstract # 237)

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

Kamkwala, Asante; Heath, Jordon; Blanding, Nineequa, BA; Brown, Angelo, ACC; Ressler, Kerry, MD, PhD; Jovanovic, Tanja, PhD

Emory University, Atlanta, Georgia, USA

Posttraumatic stress disorder (PTSD) is a heterogeneous disorder that is defined by three major symptom clusters: intrusive, avoidance, and hyper-arousal symptoms. Individual patients can vary in the degree to which they present with the different symptoms. The purpose of this study was to examine the relationship between physiological responses and specific PTSD symptoms to gain insight into biological markers of PTSD. We measured psychophysiological responding during a baseline rest phase and a fear conditioning discrimination task which assesses responses to danger and safety cues. We examined heart-rate (HR) and HR variability (HRV) as a measure of sympathetic and parasympathetic tone. We used these measures to predict ratings on individual items on the PTSD symptom scale (PSS) using linear regression analyses. The study sample ($n=76$) was recruited from a highly traumatized civilian population seeking treatment at the Grady Health system in Atlanta, GA. PTSD did not affect resting HR or HRV. However, results show that PTSD subjects had higher HRV than controls during fear conditioning $F(1,75)=5.09, p<0.05$ and greater high-frequency HRV in the presence of safety cues predicted severity of intrusive PTSD symptoms ($F(1,75)=6.12, p<0.05$, accounting for 6.4% of the variance in symptoms).

Development of a Proposal for a National Client Reported Outcomes System for VACs OSI Clinic Network

(Abstract # 238)

Poster # T-174 (Assess Dx, Res Meth) **Atlanta Ballroom**

Ross, David, PhD²; Newnham, Judi, MSc¹

¹NCOSI, Ste Anne de Bellevue, Quebec, Canada

²Veterans Affairs Canada, Sainte-Anne-de-Bellevue, Quebec, Canada

Veterans Affairs Canadas National Center for Operational Stress Injuries (NCOSI) recently committed to the development of a protocol to standardize evaluation of client reported outcomes across Canadas 10 Operational Stress Injury clinics. The presentation describes the steps taken in the development of the proposal, including the choice of a measurement strategy,

development of criteria for evaluating candidate measures and measurement systems (e.g., OQ-Analyst, PRO IS, POLARIS) and the steps taken to improve the odds of successful implementation. Impacts of theoretical, empirical, organizational and political issues on the development of the proposal are summarized. The presentation ends with a description of the final proposal.

From U.S. Warrior to Preschool Parent: Reintegration After Deployment to Iraq/Afghanistan

(Abstract # 242)

Poster # T-175 (Child, Clin Res) **Atlanta Ballroom**

Ross, Abigail, MSW; Paris, Ruth, PhD; Spencer, Renee, EdD, LICSW

Boston University, Boston, Massachusetts, USA

Young children are disproportionately represented among families with a parent who has deployed in Operation Enduring Freedom and/or Operation Iraqi Freedom (OEF/OIF), and may be uniquely vulnerable throughout the deployment cycle. In this paper, we present qualitative findings from the first year of a multi-year intervention study focused on supporting reintegration of service members into their families and parenting roles, and the re-establishment of parent-child bonds in the post-deployment period. Using a collaborative approach, our goal was to maximize input from military families regarding combat stress and deployment-related experiences, and to identify family perceptions of need related to reintegration and the parenting of young children. To meet this goal, we conducted approximately 40 in-depth interviews with OEF/OIF veteran-parents and a series of focus groups with military spouses. Specific themes include: 1) service member and spouse mental health status, including PTSD and depression; 2) perceived legacy of war-related experiences, including combat stress, for the service member and its impact on parenting; and 3) recognizing and responding to young children's reactions to deployment separation and reintegration of the veteran parent. Implications for developing relevant and accessible clinical and preventive programs for military families with young children will be discussed.

Learning Military Culture: Training Models to Enhance Care of Veteran and Active Duty Populations

(Abstract # 245)

Poster # T-176 (Cul Div) **Atlanta Ballroom**

Manning, Elizabeth A., PhD³; Yeomans, Peter D., PhD, LTC⁵; Rabb, David, LTC, LICWS, ACSW⁴; Bobrow, Joseph, PhD²; Nickel, Thomas B., PhD¹

¹Alliant International University, San Francisco, California, USA

²Coming Home Project, San Francisco, California, USA

³San Francisco VA, San Francisco, California, USA

⁴United States Army, Mountain View, California, USA

⁵Philadelphia VA Medical Center, Philadelphia, Pennsylvania, USA

Taking the position that knowledge of military culture enhances provision of clinical services to military personnel, this panel will highlight the need for military cultural competency among civilian mental health professionals and present models from different settings in which this type of training is available: VA, private sector/non-profit, and academic.

Examining the Relationship Between PTSD and Suicidality in an OEF/OIF Veteran Sample

(Abstract # 247)

Poster # T-178 (Assess Dx) **Atlanta Ballroom**

Guerra, Vito, PhD; Calhoun, Patrick, PhD; Registry Workgroup, OEF/OIF

Durham VA Medical Center, Durham, North Carolina, USA

The relation between PTSD and suicidality was examined in a sample of OEF/OIF (Operations Enduring Freedom/Iraqi Freedom) veterans. Specifically, the study investigated (a) whether PTSD was predictive of suicidality above and beyond other risk factors, (b) whether PTSD-diagnosed participants with a co-occurring major depressive disorder (MDD) or alcohol use disorder (AUD) were more likely to report suicidality than PTSD-diagnosed participants who did not meet MDD/AUD diagnostic criteria, and (c) whether distinct clusters of PTSD and MDD symptoms were differentially associated with suicidality. Results indicated that prior suicide attempt(s), PTSD, and MDD were each uniquely predictive of heightened suicidality, operationally defined as a score on the Beck Scale for Suicidal Ideation (BSS) ≥ 3 . Moreover, the relation between PTSD and heightened suicidality was evidenced even in the absence of MDD or AUD, and PTSD-diagnosed participants with a co-occurring psychiatric disorder were not significantly more likely to endorse suicidality than PTSD-diagnosed participants who did not carry an additional psychiatric diagnosis. Finally, among PTSD-diagnosed participants, the 'emotional numbing' cluster of PTSD symptoms (e.g., restricted range of affect) and the 'cognitive-affective' cluster of MDD symptoms (e.g., feelings of worthlessness/guilt) were uniquely associated with suicidality.

PTSD Symptoms and Suicidal Ideation in Vietnam Veterans: An Analysis by PTSD Criteria

(Abstract # 250)

Poster # T-179 (Mil Emer, Assess Dx) **Atlanta Ballroom**

Rodier, Nicole, BA²; Marx, Brian, PhD²; Wunderle, Kathryn, BA²; Kaloupek, Danny, PhD¹; Keane, Terence, PhD¹

¹National Center for PTSD, Boston, Massachusetts, USA

²VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA

Introduction: Previous studies have found that avoidance, numbing and hyperarousal symptoms of PTSD are related to suicidality among veterans. However, previous studies are hampered by their small sample sizes and the fact that they did not control for comorbid mood disorders. We explored the association between PTSD symptoms and suicidal ideation in a large sample of Vietnam veterans while controlling for the influence of depression. Method: Participants were 1,215 veterans who participated in VA Cooperative Study 334 (Keane et al., 1998). PTSD and depression were diagnosed using the Structured Clinical Interview for DSM-III-R (Spitzer et al., 1989). The War Stress Inventory (Rosenheck & Fontana, 1989) was used to assess suicidal ideation in the past month. Results: Using logistic regression, suicidal ideation was initially regressed on each of the PTSD symptom clusters in separate analyses. These results showed C and D PTSD cluster symptoms (difficulty with remembering the trauma, detachment from others, sense of foreshortened future, sleep difficulties, and anger) were significant positive predictors of suicidal ideation. A subsequent

regression including these symptoms in a single model showed that only detachment, sense of foreshortened future, and anger remained significant predictors of suicidal ideation. Implications of these findings will be discussed.

Worldview and Trauma: A Look at Specific Predictors of Shattered Assumptions

(Abstract # 251)

Poster # T-180 (Clin Res, Assess Dx) **Atlanta Ballroom**

Horsey, Katie, MA; **Hannan**, Susan, BA; **Kalmbach**, David, BA; **Reilly**, Laura, BA; **Pillai**, Vivek, BA; **Anderson**, Nicholas, MA; **Ciesla**, Jeffrey, PhD

Kent State University, Kent, Ohio, USA

Worldviews, or views of one’s physical and social environment, are necessary components of our internal processing that enable decision-making and behavior, yet are typically unrealistically positive. Following trauma however, individuals may experience shattering of their basic assumptions, altering their worldview (Janoff-Bulman, 1992). This is especially likely to occur in individuals who develop PTSD (Rosen & Lilienfeld, 2008). Janoff-Bulman suggested that benevolence, meaningfulness, and self-worth are the primary worldview assumptions that are shattered post-trauma. The present study aimed to replicate research investigating the impact of PTSD on worldview, and extend such research by examining effects of characteristics of trauma exposure. Specifically we investigated how type of trauma, severity of exposure, time since the trauma, current functioning, diagnostic level, revictimization, perception of threat, personal injury, and demographics individually predicted worldview subscales. We administered the WAS and the PDS to a sample of 404 undergraduates. Fifty-nine percent reported having experienced at least 1 trauma, with 18% reporting 2 or more events. Results suggest that PTSD symptom severity predicted more negative views for benevolence ($p < .05$) and self worth ($p < .05$) but not for meaning. Findings for specific trauma characteristics are discussed within.

Stalking Victimization and Help-Seeking Behaviors in a National Sample of Latino Women

(Abstract # 273)

Poster # T-181 (Cul Div, Clin Res) **Atlanta Ballroom**

Toliver, Michelle, MS²; **Thurber**, Sarah, BS¹; **Cuevas**, Carlos, PhD²; **Sabina**, Chiara, PhD³

¹*Notheastern University/Suffolk University, Boston, Massachusetts, USA*

²*Northeastern University, Boston, Massachusetts, USA*

³*The Pennsylvania State University/Capitol College, Middletown, Pennsylvania, USA*

At present, little is known about the help-seeking behaviors for Latina stalking victims. Using data from the Sexual Assault Among Latinas Study, which surveyed 2,000 Latinas throughout the U.S., we examined help-seeking behaviors for stalking victims. The participants answered questions about victimization history, help-seeking behaviors, and cultural factors. The help-seeking behaviors included formal mechanisms (e.g., reporting to police, pressing charges) and informal help seeking (e.g., talking to friends or family). Of the full sample, 18.3% experienced at least one lifetime stalking incident. For stalking victims, 31.8% considered the stalking victimization the one for which to seek

help. Informal help-seeking was the most common resource (75.0%), with parents, friends, and siblings being used the most. Formal services were less common with reporting to police coming in second (25.0%), followed by restraining orders (9.5%), criminal charges (6.9%), and use of social service agencies (2.6%). Regression models examining whether psychological distress and cultural factors predicted help-seeking, showed that Anglo acculturation was uniquely significant in predicting formal help-seeking while none of the variables were significant predictors of informal help-seeking. The authors discuss what could be done to increase formal help-seeking avenues for Latina stalking victims.

The Relationship Between Coping Resources and PTSD

(Abstract # 275)

Poster # T-182 (Practice, Prev El) **Atlanta Ballroom**

Farchi, Moshe, MS

Tel Hai Academic College, Ramat Hagolan, Israel

This study examines the relationship between the Basic-PH model (Lahad 1993) and PTSD. The Basic-ph model relates to the six major dimensions that are believed to be at the core of the individual’s coping styles: Belief, Affect, Social, Imagination, Cognition and Physiology. The study sample included 290 male students who participated as active soldiers during the second Lebanon war between Israel and the Hizbulla and 120 female students who volunteered mainly in child care during the war. All students were given the Basic-ph questionnaire (Carlton, 1996) and a PDS questionnaire for PTSD symptoms (Foa, 1996). Results indicated a positive strong correlation between coping resources and PTSD. Linear multiple regression indicated that avoidance and numbing where the main predictors of using most of the Basic-ph clusters. This positive relation is assumed to demonstrate that traumatic events encourage the elicitation of coping resources after the traumatic event. Coping resources might exist on a low level before the trauma but the traumatic event enables them to emerge and be useful for the coping person. This study adds the “after shock” coping aspect to Lahad’s theory that emphasizes the preliminary importance of strong and stable resilience demonstrated by the Basic-ph clusters.

Diagnostic Efficiency of the Computerized PTSD Scale (CPS-M): Multimedia Version Among Veterans

(Abstract # 282)

Poster # T-183 (Assess Dx) **Atlanta Ballroom**

Mainka, Jennifer, MS¹; **Nugent**, Natalie, BS¹; **Lauterbach**, Dean, PhD¹; **Rauch**, Sheila, PhD²; **McSweeney**, Lauren, BA¹; **Richards**, David, BSRN¹

¹*Eastern Michigan University, Ypsilanti, Michigan, USA*

²*VAAAHS/University of Michigan, Ann Arbor, Michigan, USA*

This study investigated the psychometric properties of the Computerized PTSD Scale-Multimedia Version (CPS-M: Richard & Mayo, 1997), a self-administered adaptation of the Clinician-Administered PTSD Scale (CAPS: Blake, Weathers, Nagy, Kaloupek, Klauminzer, Charney, & Keane, 1990). The sample includes 71 participants from a veteran’s hospital. The aim of this project is to establish the diagnostic efficiency of the

CPS-M relative to the CAPS using a clinical sample. Previous psychometric evaluations of the CPS-M focused primarily on analogue samples. The project involves three phases of statistical analysis. Phase 1: Correlational relationships between the CAPS and the CPS-M will be reported at the item, subscale, and total score level. Phase 2: Confidence interval analysis will be used to determine whether the CAPS and CPS-M are statistically different and/or statistically equivalent. Phase 3: Signal detection analysis will establish the diagnostic utility of the CPS-M. A cut point for diagnosis will be determined by the area under the ROC curve (AUC) for the CPS - M. The third phase of analysis will also compare the signal detection properties of the CPS-M to those of the following convergent measures: Purdue PTSD Scale, Beck Depression Inventory II, and Trauma Related Dissociation Scale.

Mental Health Treatment in Low Income, African American Intergenerational Youth Trauma Victims

(Abstract # 290)

Poster # T-184 (Child, Cul Div) Atlanta Ballroom

Jacob, Maryann, MD; Oyeshiku Smith, Chaundrissa, PhD; Bradley, Bekh, PhD

Emory University SOM, Atlanta, Georgia, USA

There is substantial evidence regarding the adverse mental health outcomes of childhood trauma. Trauma may occur intergenerationally via the direct or indirect actions of caregivers who may predispose youth to trauma though increased exposure to traumatic events. Further, caregivers who have experienced trauma may be less likely to seek treatment for their own children. There remains limited knowledge, however, with regard to treating intergenerational trauma, especially among, low income, African American populations. While empirically supported interventions exist to treat childhood trauma, there is a paucity of research on the utilization of such interventions in community-based clinic settings. Using data from the Grady Trauma Project, this study used chart review to examine records of youth treated at a community-based child and adolescent psychiatry outpatient clinic that serves a predominantly low-income, African American population. Utilization patterns (e.g., frequency of visits, types of treatment) and youth psychological functioning (e.g., internalizing, externalizing) were examined. Findings from this study enhance our understanding of intergenerational trauma patterns within African American families and augment mental health treatment engagement and maintenance for traumatized youth.

Early Intervention for Posttraumatic Stress Disorder in Mortuary Affairs Soldiers

(Abstract # 291)

Poster # T-185 (Mil Emer, Clin Res) Atlanta Ballroom

Biggs, Quinn, PhD, MPH; Fullerton, Carol, PhD; McCarroll, James, PhD; Benedek, David, MD; John Henry, Newby, PhD; Ursano, Robert, MD

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

U.S. Army Mortuary Affairs Soldiers (MA) returning from Iraq and Afghanistan report high rates of posttraumatic stress disorder (PTSD), psychological distress, personal and family stress,

functional impairment and needing but not obtaining health care. A new educational intervention, TEAM (Troop Education for Army Morale), is designed to reduce distress and foster adaptive functioning. TEAM is based on evidence informed principles of Psychological First Aid (safety, calming, connectedness, self-efficacy, hope/optimism) delivered through workshops, handouts, a website and phone line. Soldiers and their spouses learn to use self-care skills, recognize when soldiers need care, provide support (buddy care, spouse support), identify barriers to care and promote health care utilization when needed. MA Soldiers, randomized to TEAM or no intervention, complete questionnaires upon return from deployment and at 1, 2, 3, 6, and 9 months. We present preliminary data on the impact of TEAM to specific PTSD criteria, work function and health care utilization. Significant reductions in arousal, distress and functional impairment are anticipated. Findings will increase our knowledge of PFA based early intervention and PTSD symptomology. Implications include the feasibility of early intervention with all military service members, first responders, disaster workers and others exposed to the dead.

Pediatric-Psychology Partnership: Intimate Partner Violence and Behavioral Health

(Abstract # 292)

Poster # T-186 (Commun, Child) Atlanta Ballroom

Weaver, Terri, PhD; Pye, Patrice, PhD; Bazile, Anita, PhD

Saint Louis University, St. Louis, Missouri, USA

Pediatric-Psychology Partnership for Abuse Prevention (PPP-AP) is a 6-year-old funded project that uses culturally competent psychology trainee-pediatric resident and medical trainee pairs to assess for intimate partner violence (IPV) and intervene with underserved women presenting with their children for ambulatory pediatric care. To date, IPV screenings and safety planning have been conducted with 860 predominantly African-American, low income female caregivers. Rates of current IPV (past year) were 5.2% while rates of lifetime IPV were nearly 30%. Female caregivers were grouped based on positive or negative (current or lifetime) IPV and were asked about their behavioral health concerns for themselves and their children. Women with a positive history of any IPV reported significantly greater concerns for their children's internalizing (sad or anxious mood) and externalizing (anger/fighting) symptoms and greater personal health concerns in the areas of smoking, financial strain, relationship conflict, discipline and parenting. Additional analyses will include an examination of possible mediators of the relationship between IPV history and behavioral health concerns. Implications for using the pediatric clinic as a violence prevention center will be discussed.

Relations Between Mother and Child Perceptions of Maternal Support Following CSA and Child Outcomes

(Abstract # 293)

Poster # T-187 (Child, Practice) Atlanta Ballroom

Sawyer, Genelle, PhD; Zajac, Kristyn, MA; Smith, Daniel, PhD; McCart, Michael, PhD

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

Research has consistently linked increased maternal support following disclosure of child sexual abuse with better child outcomes and functioning. Surprisingly, however, most of this research has relied on caseworker judgments or maternal self-report of support and very little research has examined either the child's perceptions of the mother's supportiveness or used multiple informants. To address this gap, this study utilized newly developed child- and mother-report measures of maternal support. Further, maternal support was treated as a multi-dimensional construct, and child outcomes were examined in relation to each specific dimension of maternal support. The sample consisted of 120 mother-child dyads recruited from a Child Advocacy Center following a forensic evaluation where contact sexual abuse was determined to have occurred. Dyads completed assessment measures within 6 weeks of the initial forensic evaluation and again 9 months later. Regression analyses revealed that each dimension of maternal support was differentially related to child outcomes ($p < .05$), providing further evidence for treating maternal support as a multidimensional construct. Further, mother and child perceptions were not consistent, which underscores the importance of obtaining reports from multiple individuals.

Domestic Violence and PTSD Symptoms During Childhood: Evaluating Cumulative and Interactive Effects

(Abstract # 301)

Poster # T-188 (Child, Clin Res) Atlanta Ballroom

Martinez-Torteya, Cecilia, MA; Bogat, G. Anne, PhD; Levendosky, Alytia, PhD; von Eye, Alexander, PhD

Michigan State University, Lansing, Michigan, USA

Cumulative risk models of psychopathology focus on the additive effects of adverse events, while interactive models propose moderating relationships between diverse levels of analysis. The present prospective longitudinal study contrasts these two models, using individual characteristics (i.e., family history of internalizing disorders- FH) and exposure to domestic violence (DV) during the prenatal and postnatal periods to predict post-traumatic stress disorder (PTSD) symptoms during childhood. Participants were 161 children (81 boys) and their mothers, interviewed during pregnancy and the child's 1st, 2nd, 3rd, 4th, 5th, and 7th birthday. A cumulative risk score was computed by summing children's FH (0 = absent, 1 = present), prenatal DV (0 = no, 1 = yes), and postnatal DV (0 = no, 1 = yes) scores. PTSD levels differed for children exposed to no risk, as compared to those exposed to 2 or 3 risk factors. However, the influence of DV was different for those with and without FH. Prenatal exposure to DV significantly predicted increased PTSD symptoms for children without FH. In contrast, the duration of postnatal DV significantly predicted PTSD symptoms among children with FH.

Findings support interactive relationships between individual predisposition, prenatal, and postnatal trauma.

Historical Trends and Publication and Citation Patterns in PTSD

(Abstract # 302)

Poster # T-189 (Res Meth, Soc Ethic) Atlanta Ballroom

Dalenberg, Constance, J, PhD¹; Paulson, Kelsey Lynn, MA²; DeLorme, Jillian, MA¹; DuRoss, Sarah, MA¹; Bull, Diana, MA

¹*Trauma Research Institute, San Diego California, USA*

²*Alliant International University, San Diego, California, USA*

The paper presents the results of a 2-year analysis of the publication history on PTSD. Over 9000 articles cited in PsycLit were analyzed and classified by author history variables, content area, number of citations, types of keywords, title choice, and journal. Historical changes in content emphasis are noted, keywords that appear to influence citations are offered, and year by year citation averages are given (to allow authors to present home institutions with evidence of their ranking on citations within the trauma field). PTSD-related topics that are generating most frequent citation inside and outside of the trauma-focused journals are noted, and a list of journals ranked by their level of acceptance of PTSD-related articles is offered.

Psychological Sequel of Sichuan Earthquake Among Amputated Survivors and Their Caregivers

(Abstract # 313)

Poster # T-190 (Disaster, Clin Res) Atlanta Ballroom

Wu, Kitty, MSocSc (Clin Psy)¹; Ip, Brian, MSocSc, (Clin Psy)²; Hung, Ocean, MSocSc, (Clin Psy)³; Chan, Sumee, MSocSc, (Clin Psy)⁴; Leung, Eugenie, MSocSc, (Clin Psy)⁴

¹*Caritas Medical Centre, Shamshuipo, Hong Kong, China*

²*Hong Kong Red Cross, Hong Kong, China*

³*Princess Margaret Hospital, Hong Kong, China*

⁴*The University of Hong Kong, Hong Kong, China*

This study examined the occurrence of posttraumatic stress disorder (PTSD), anxiety and depression for amputated survivors and their caregivers who received services in the Deyang Rehabilitation, Prosthetic and Orthotic Centre in Sichuan opened 6 months after the Sichuan Earthquake occurred on 12 May, 2008. By January 2009, the sample consisted of 62 adults and 16 children amputated survivors and 10 of their caregivers. Standardized measures including Impact of Event Scale-Revised (IES-R) and Hospital Anxiety and Depression Scale (HADS) for adults, Children Impact of Event Scale-Revised (CHIES-R) and Children's Depression Inventory (CDI) for children, were used. The cut-off scores indicating significant distress in these scales based on previous research were adopted. Among the participants, 30.6% amputated survivors and 20.0% caregivers passed the cut-off for at least one of the three PTSD-related IES-R subscales; 35.5% amputated survivors and 10.0% caregivers passed the cut-off for at least one of the two HADS subscales. For children amputated survivors, 18.8% passed the cut-off for at least one of the three subscales in CHIES-R. None of the children has passed the cut-off of CDI. Results based on a larger sample from on-going recruitment will be presented. Risk factors associated with significant psychological distress will be discussed.

Pets as Social Support in Trauma Survivors: Help or Hindrance?

(Abstract # 342)

Poster # T-191 (Mil Emer, Practice) **Atlanta Ballroom**

Shipherd, Jillian, PhD; Abramovitz, Sarah, BA
National Center for PTSD, Boston, Massachusetts, USA

Social support mitigates the relationship between trauma exposure and the development of posttraumatic stress disorder (PTSD). Social support can come from many sources (e.g., friends, family) and trauma survivors report that pets also serve a supportive role. Indeed, research suggests owning a pet is good for one's health during stressful times. However, it is unclear if trauma survivors use pet attachment as an adaptive supplement to social support from humans or if pets serve as a way to avoid human support. Forty pet-owning veterans with at least one lifetime trauma were included and validated measures were used. T-tests revealed that participants with higher human social support reported significantly less pet attachment and less use of pets as substitutes for human support. In contrast, participants with low human social support reported significantly more pet attachment and more use of animals as substitutes for people. Participants with more PTSD symptoms were more likely to engage in people substitution, have more pet attachment and report less human support than those with low PTSD symptoms. There could be an optimal range of pet social support for trauma survivors, relying too heavily on pets appears to be maladaptive.

Posttraumatic Stress Disorder and Body Image Distress in Victims of Physical and Sexual Assault

(Abstract # 344)

Poster # T-192 (Assess Dx, Bio Med) **Atlanta Ballroom**

Weaver, Terri, PhD²; Griffin, Michael, PhD¹; Mitchell, Elisha, BA²
¹University of Missouri St. Louis, St. Louis, Missouri, USA
²St. Louis University, St. Louis, Missouri, USA

Violence-related injury has consistently conferred increased risk for developing posttraumatic stress disorder (PTSD) though most studies have conceptualized injury as an acute phenomenon. However acute injuries may lead to lasting physical changes including alterations in appearance with marks or scars. Previous research with a small sample of victims of intimate partner violence (IPV) (N = 31) found that IPV-related residual injuries were significantly associated with body image distress and body focused distress was significantly (and uniquely) associated with symptoms of PTSD. The current study expands these previous findings by exploring related associations within a sample of victims of physical or sexual assault utilizing diagnostic assessments. Seventy-three predominantly African-American victims of physical or sexual assault were assessed for violence-related injury, body image distress, PTSD and Major Depression. Within the entire sample, severity of body image distress was significantly associated with severity of PTSD and with PTSD diagnostic status. Associations with the diagnosis of Major Depression were nonsignificant. Additional analyses exploring the relationships between body image distress, assault characteristics and PTSD will be examined.

Resiliency, Depression, and PTSD in a Traumatized Community Sample

(Abstract # 345)

Poster # T-193 (Child, Cul Div) **Atlanta Ballroom**

Pelletier, Tiffany, BA; Gapen, Mark, PhD; Crowe, Elizabeth, BS; Bradley, Bekh, PhD; Ressler, Kerry, MD, PhD
Emory University, Atlanta, Georgia, USA

Previous literature on resiliency broadly defines this construct as positive development despite dealing with adversity (Luthar, Cicchetti, & Becker, 2000). Studies have shown that high levels of resiliency are inversely correlated with psychiatric symptoms (i.e. depression and anxiety) (Campbell-Sills & Stein, 2007). The present study examines the relationship between resiliency (measured with CD-RISC), posttraumatic stress disorder (PTSD, measured with mPSS), and depression (measured with BDI) among a high-risk, urban population. Participants within this study were recruited from a large, inner-city hospital primarily serving a low socioeconomic status population. Significant negative correlations were found between resiliency and total PTSD symptoms as well as intrusive, avoidant, and hyperarousal subscales (p<.0001). Additionally, highly significant inverse correlations were present for the CD-RISC total score and a measure of depression (BDI total score, p<.0001). When CD-RISC quartiles were examined as a categorical variable, it also significantly predicted both continuous mPSS and BDI total scores (p<.0001). Finally, using these measures, we found that a categorical measure of resiliency significantly interacted (p<.0001) with history of child abuse to predict continuous symptoms of both PTSD and depression within this population.

Beliefs About the Safety and Necessity of the Examination and the Impact on Women's Perceptions of the Pelvic Examination Following Sexual Assault

(Abstract # 348)

Poster # T-194 (Practice, Clin Res) **Atlanta Ballroom**

Weitlauf, Julie, PhD²; Moos, Rudolf, PhD¹; Spiegel, David, MD¹; Frayne, Susan, MD, MPH¹; Finney, John, PhD²; Ungerhu, Kirsten, MA²

¹Stanford University School of Medicine, Palo Alto, California, USA
²VA Palo Alto Healthcare System, Palo Alto, California, USA

This cross-sectional descriptive study examines relationships of sexual violence and posttraumatic stress disorder with distress reactions associated with pelvic examinations. Exploratory analyses highlight specific cognitions that may contribute to these reactions. Eligible participants (N = 90) were identified via medical record review and then sent a mailed a survey that assessed: a) background information, b) history of sexual violence c) current symptoms of posttraumatic stress disorder; d) reactions (fear, embarrassment, distress, pain) to the pelvic examination; and e) core beliefs about the examination. Women with sexual violence and posttraumatic stress disorder reported the highest levels of fear, embarrassment, and distress associated with the pelvic examination (all P's less than .001) in comparison with women with sexual violence only or with neither sexual violence nor PTSD. Beliefs that the examination was unnecessary or potentially harmful were more common among women with sexual violence and posttraumatic stress disorder

and were strongly associated with greater examination related fear and embarrassment. Women with sexual violence and PTSD find the pelvic examination particularly distressing, embarrassing and frightening. Efforts to develop interventions that may ease the burden of this examination amongst women with PTSD are warranted.

A Preliminary Investigation of Shame and Fear of Emotions in Posttraumatic Stress Disorder

(Abstract # 358)

Poster # T-195 (Clin Res, Assess Dx) **Atlanta Ballroom**

Sippel, Lauren, BA²; Marshall, Amy, PhD¹; Parker-Maloney, Kelly, BA²

¹National Center for PTSD, Boston, Massachusetts, USA

²Pennsylvania State Univ., University Park, Pennsylvania, USA

Individuals with posttraumatic stress disorder (PTSD) fear their potential inability to control their reactions to negative emotions (Williams et al., 1997), which is linked to emotional withholding and numbing (Roemer et al., 2001, 2005). Shame (i.e., feelings of exposure, contempt, and desire to withdraw; Tangney et al., 2002) is an aversive emotion often associated with trauma (Leskela et al., 2002). Individuals with PTSD who experience high levels of shame may be particularly prone to concealing emotions in order to reduce vulnerability and negative affect. We examine whether shame moderates the relationship between PTSD and fear of emotions among a community sample (expected N = 160) using the Clinician Administered PTSD Scale (Blake et al., 1998), Affect Control Scale (Williams et al., 1997), and Internalized Shame Scale (Cook, 1987). Final analyses will also include an Emotional Stroop paradigm (Williams et al., 1996) as a measure of attention to shame-relevant stimuli. Preliminary analyses indicate that PTSD severity and shame are significantly associated with fear of emotions, adjusted R² = 0.66, F(1, 17) = 8.92, p < .01, and the interaction between PTSD and shame added significantly to the equation, ΔR² = 0.06, F(1, 16) = 4.9, p < .05, supporting the proposed hypothesis. Clinical implications and directions for future research will be discussed.

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

(Abstract # 361)

Poster # T-196 (Child, Clin Res) **Atlanta Ballroom**

Ostrowski, Sarah, PhD

Duke University, NCCTS, Durham, North Carolina, USA

Posttraumatic stress disorder (PTSD) in children represents a serious public health concern and can have severe, long-lasting consequences on children throughout their development. Prior research demonstrates different and oftentimes contradictory patterns of PTSD symptom development following a traumatic event. Although some studies have examined the extent to which PTSD symptoms predict subsequent total symptoms or diagnosis, few examine the impact of specific PTSD symptoms on child post-traumatic adjustment. Given the debate concerning diagnostic criteria in children, it is important to examine individual PTSD symptom clusters as each symptom cluster may confer differential risks towards child post-traumatic adjustment. Similarly, different symptom clusters

have different treatment and clinical implications. The focus of this symposium is to examine specific PTSD symptom clusters, particularly hyperarousal, in child post-traumatic adjustment. The differential impact of specific PTSD symptom clusters will be examined in both acute and chronic PTSD patients to further examine proximal versus distal properties of PTSD symptom clusters in childhood PTSD.

Prostituted Adolescents: Who Are They and Where Do They Come From?

(Abstract # 367)

Poster # T-198 (Soc Ethic, Child) **Atlanta Ballroom**

Daniels, Angel, MA; Drobny, Jessica, BA; Takyu, Rie, BA; Briscoe-Smith, Allison, PhD

Pacific Graduate School, Palo Alto, California, USA

The rate of children and adolescents entering prostitution is rising at an alarming pace (Boxill & Richardson, 2007; Le Roux & Smith, 1998). Very little is known about the lives, backgrounds, and lasting traumatic effects on the adolescents in prostitution (Tyler & Johnson, 2006). Specifically, the vulnerability factors that may exist in this population, and the process by which youths enter prostitution is widely unknown and misunderstood. Our study explores the case files of 269 adolescents in California who have been prostituted. We aimed to determine how they entered prostitution, and identify potential correlates among those who have been prostituted. One unforeseen finding was that, among our sample, 28.2% were actually recruited into prostitution by a peer, usually a female friend, 6% were recruited by a pimp, 3% were either forced into it or kidnapped, and 7.1% were recruited by a boyfriend. Also, a majority of these young adults were raised by a biological or adoptive parent (70.6%), however, 58.7% currently live in Juvenile Hall. The full findings, including correlates of family constellation and trauma history, social implications, and direction for prevention and intervention are discussed.

Functional Relationships Between PTSD Re-Experiencing, Avoidance, Numbing and Hyperarousal Symptoms

(Abstract # 370)

Poster # T-200 (Res Meth, Disaster) **Atlanta Ballroom**

Malta, Loretta, PhD²; Wyka, Katarzyna, MA³; Ciosan, Cezar, PhD³; Jayasinghe, Nimali, PhD¹; Difede, JoAnn, PhD¹

¹New York Presbyterian Hospital, New York, New York, USA

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

³Weill Medical College, New York, New York, USA

PTSD theories propose that avoidance and numbing symptoms maintain re-experiencing and hyperarousal. Memory consolidation theory suggests that more intense trauma re-experiencing could promote more severe avoidance and numbing. This study used path analyses to test these hypotheses in World Trade Center attack disaster workers, assessed 10-24 months post-attack and again one year later. The autoregressive (null hypothesis) model predicted that each symptom group predicted only its own severity at follow up. Subsequent models tested whether modeling significant pathways for avoidance (Model 2), avoidance and numbing (Model 3), and avoidance, numbing, and re-experiencing symptoms (Model 4) improved model fit. The sample was randomly divided in half; analyses were tested

in Sample 1 (n=1170) and then repeated in Sample 2 (n=1182). Chi-square tests found significant model differences ($p < .01 - p < .001$). Model 4 had the best fit indices, (followed by Model 3), but did not replicate consistently. Avoidance and numbing were significant predictors in all models, whereas re-experiencing symptoms were significant predictors only in Sample 2. The findings demonstrate that avoidance and numbing function to maintain PTSD symptoms, but provide less reliable evidence that more severe re-experiencing evokes greater avoidance, numbing, and hyperarousal.

Are There Negative Effects of Providing Trauma Care Pathologies? A Systematic Literature Review

(Abstract # 373)

Poster # T-201 (Assess Dx, Clin Res) **Atlanta Ballroom**

Beedasy, Jaishree, PhD¹; Cunningham, Barbara, MBA MPA²; Croft, James, AS, CCT, EMT²

¹Idaho State University, Pocatello, Idaho, USA
²Institute of Rural Health, Pocatello, Idaho, USA

The interest in the positive and negative aspects of caring for traumatized people has grown in the past twenty years. There is an ongoing question as to whether the negative effects of caring—Compassion Fatigue, Secondary Traumatic Stress and Vicarious Trauma—constitute a DSM-type disorder. Clinical lore and some research shows that there is a risk for developing negative symptoms associated with burnout, depression, and posttraumatic stress disorder yet the direct link to psychopathology remains uncertain. A literature search identified 142 publications that can be encompassed as professional quality of life. The documents were coded based on type of paper (theory or research), type and number of participants, tests used, statistics and other quantitative information. Quantitative coding used a classification system event progression: meta, general, specific as well as person-in-event, to whom, and by whom. Categories ranged from mild problems in living stresses that may exacerbate negative reactions, to extreme stress that can be a precursor to traumatic stress. Research data collection was done in 99 papers. Qualitative analysis categorized 63 articles associated with “bad things” like disasters, 10 with “death”, 54 as “problems in living,” and 15 as involving sexual assaults. A direct link to psychopathology remains unclear.

The Influence of Victimization History on Symptom Expression

(Abstract # 374)

Poster # T-202 (Practice, Clin Res) **Atlanta Ballroom**

Matlow, Ryan, MA; DePrince, Anne, PhD

University of Denver, Denver, Colorado, USA

Repeated exposure to violence is associated with increased psychological distress, including posttraumatic stress disorder (PTSD). However, the context in which victimization occurs may be an important factor in understanding the particular types of symptoms reported. For example, multiple instances of victimization by different perpetrators, defined here as ‘revictimization’, may lead to different psychological consequences than repeated victimization by the same perpetrator (e.g., an intimate partner), defined here as ‘chronic

victimization’. In the current study, we examined trauma-related symptoms associated with revictimization and chronic victimization in a sample of 236 ethnically-diverse women who were recruited following exposure to a domestic violence incident reported to the police. The number of revictimization and chronic victimization incidents reported each accounted for unique variance in overall PTSD and trauma-related symptoms. When looking at individual symptoms, revictimization (and not chronic victimization) predicted symptoms associated with passive avoidance processes, while chronic victimization (and not revictimization) predicted symptoms associated with active avoidance processes. The findings suggest that particular forms of victimization may correspond with specific symptoms. Clinical implications for mechanisms underlying symptoms will be discussed.

Shame, Dysfunctional Attitudes and Trauma: An Exploratory Study

(Abstract # 375)

Poster # T-203 (Clin Res, Assess Dx) **Atlanta Ballroom**

Platt, Melissa, MD; Freyd, Jennifer, PhD

University of Oregon, Eugene, Oregon, USA

Whereas researchers are beginning to understand the fear response to traumatic events, relatively little is known about shame following trauma. Shame has been linked to clinical distress and suicidality. Thus, it is critical to identify factors that may exacerbate this self-conscious emotion. Research exploring the association between dysfunctional attitudes (thinking errors such as “e.g.: “If I make a mistake, it means I am a bad person,”) and feelings of shame will be presented. Feelings of shame were assessed in a college student sample with and without a history of trauma who scored low or high in dysfunctional attitudes. Results revealed 1) that participants who scored high on dysfunctional attitudes were much more likely to have experienced a traumatic event than were people with low dysfunctional attitude scores, 2) that participants with high dysfunctional attitude scores endorsed stronger feelings of shame at baseline than did people with low dysfunctional attitude scores and 3) people with high dysfunctional attitudes and a trauma history were much more likely than any other group to experience shame in response to negative feedback. Diagnostic and treatment considerations will be discussed.

Trading Sex for Payment Associated With Trauma History in Male Veterans With Severe Mental Illness

(Abstract # 378)

Poster # T-204 (Mil Emer, Clin Res) **Atlanta Ballroom**

Strauss, Jennifer, PhD¹; Weitlauf, Julie, PhD²; Stechuchak, Karen, MS¹; Calhoun, Patrick, PhD¹; Straits-Troster, Kristy, PhD, ABPP¹; Marx, Christine, MD¹

¹Durham VA Medical Center, Durham, North Carolina, USA
²VA Palo Alto Healthcare System, Palo Alto, California, USA

Recent work revealed correlates of prostitution among males with substance use disorder, including history of childhood sexual abuse and mental health problems (Burnette et al., 2008). The present study evaluates prevalence and correlates of “trading sex for payment” (lifetime history of exchanging sex for money, food,



drugs, gifts, or housing) in male veterans using VHA inpatient psychiatric services. 361 males with severe mental illness were recruited from a VA psychiatric inpatient unit (1998-2000). 24.7% reported a lifetime history of trading sex for payment. Rates did not differ by diagnosis, age, education, employment, or marital status; higher rates were observed among minorities (predominantly African American) than Caucasians (30.28% vs. 16.08%). Overall, trading sex was associated with higher rates of childhood sexual abuse (CSA = 57.30% vs. 38.60%) and adult sexual assault (ASA = 48.31% vs. 16.18%); 34.83% of those who traded sex reported both CSA and ASA vs. 8.82% of those who did not. Trading sex was also associated with history of sexually transmitted infection, number of physical health conditions, homelessness, suicidal ideation, drug use disorder, and lifetime IV drug use. Additional research that seeks to further clarify the prevalence, correlates and consequences of prostitution in male psychiatric populations is warranted.

Relationships Among Veterans' Coping Strategies, Stress-Related Growth, and Depression Severity

[Abstract # 379]

Poster # T-205 (Mil Emer, Practice) Atlanta Ballroom

Owens, Gina, PhD¹; Steger, Michael, PhD²; Rogers, Shannon, MA²

¹Colorado State University, Fort Collins, Colorado, USA

²University of Tennessee, Knoxville, Tennessee, USA

The potential mental health impact of combat exposure during military service is well-established, including common symptom responses of posttraumatic stress disorder and depression. While research related to growth after traumatic events is growing, limited research has examined the relationships between coping methods, stress-related growth, and depression among veterans, the aim of the current study. One hundred and seventy-four veterans of various service eras completed an online survey which included the Depression scale from the Depression Anxiety Stress Scales, Stress-Related Growth Inventory, and Brief COPE. The majority of participants were male (91%) and Caucasian (93%). Seventy-five percent of participants served in the Vietnam War. Based on correlational analyses, a hierarchical linear regression was performed to determine predictors of depression severity for the sample. Significant predictors were the denial, distraction, and substance use scales of the Brief COPE and stress-related growth ($F(6, 114)=14.61$, Adj. $R^2 = .41$). Higher levels of coping methods of substance use, denial, and distraction and lower levels of stress-related growth were related to higher levels of depression severity. Implications regarding the potential protective aspects of stress-related growth will be discussed.

Coping Strategies and Internal Resources of Dispositional Optimism and Mastery as Predictors of PTSD

[Abstract # 318]

Poster # T-206 (Prev EL, Assess) Atlanta Ballroom

Gill, Sharon, PhD

RAMBAM Medical Center, Psychiatric Division, Haifa, Israel

This prospective study explores the role of coping strategies, optimism and mastery in predicting posttraumatic stress disorder (PTSD) symptoms in a sample of 870 Israeli university students. Upon recruitment of the sample, conducted at the beginning of the 2003 academic year (t1), the participants' pre-traumatic coping strategies, optimism and mastery were assessed. The respondents were re-evaluated at the end of second academic year (t2) to assess exposure to trauma, and at the end of third academic year (t3) to assess level of PTSD symptoms among those who reported traumatic exposure. Results indicate that a high use of an avoidance coping strategy both before and after traumatic exposure was positively associated with levels of PTSD symptoms. A high use of an emotion-focused coping strategy proximate to the traumatic exposure was positively associated with levels of PTSD symptoms. High levels of mastery following traumatic exposure were negatively associated with PTSD symptoms.

Negative Cognitions and Optimism: Preparedness, Readiness, and Motivation Among Disaster Responders

[Abstract # 323]

Poster # T-207 (Disaster) Atlanta Ballroom

Wiedeman, Rachel, MA²; Tomlins, Joseph, BA²; Davis, Joanne, PhD²; Ford, Julian, PhD¹; Elhai, Jon, PhD³

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

²University of Tulsa, Tulsa, Oklahoma, USA

³University of South Dakota, Vermillion, South Dakota, USA

Disaster Mental Health (DMH) responders are a unique population, who can be susceptible to distress due to the nature of their activities. It is important to evaluate the perceived preparedness, readiness, and motivation of DMH responders toward future deployments in an effort to enhance their experience and encourage continued involvement in DMH responses. This investigation examined the relationship between negative posttraumatic cognitions and overall optimism, and the preparedness, readiness, and motivation of DMH responders for future deployments. The participants included 256 individuals employed in the mental or physical health fields who were members of a disaster response team or received disaster response training in Connecticut, New Hampshire, or Oklahoma. The following was hypothesized: 1) participants with greater negative cognitions would have lower perceived preparedness, readiness and motivation for future DMH deployments, 2) participants with greater optimism would have higher perceived preparedness, readiness and motivation for future DMH deployments. The findings indicated that the hypotheses were partially supported, in that negative cognitions and optimism were significantly correlated with perceived preparedness and readiness, but not correlated with perceived motivation. The strengths, limitations, and future directions for research are discussed.

Sleep Disturbances and Self-Reported Health Problems in Trauma Exposed Adults

(Abstract # 324)

Poster # T-208 (Clin Res, Practice) **Atlanta Ballroom**

Wiedeman, Rachel, MA²; Davis, Joanne, PhD²; Pruiksma, Kristi, MA²; Byrd, Patricia, PhD¹; Rhudy, Jamie, PhD²

¹Arlington, Texas, USA

²The University of Tulsa, Tulsa, Oklahoma, USA

Studies have established a relationship between exposure to traumatic experiences, posttraumatic stress disorder (PTSD) symptoms, and self-reported physical health problems. Recently, sleep disturbances have been investigated as a potential component in the relationship between traumatic events and health problems. This study investigated the unique influence of sleep disturbances on self-reported health problems among a sample of trauma exposed adults seeking treatment for chronic nightmares. The results indicated that sleep disturbances are uniquely associated with health problems after controlling for the influence of PTSD cluster symptoms and depression symptoms. These findings suggest that future evaluations of sleep disturbances are warranted, which may have applicability in clinical settings. Generalizability of these results and strengths and limitations of this study will be discussed, as well as future directions for research.

Complex Posttraumatic Stress Symptoms in Women Who Have Experienced Interpersonal Trauma

(Abstract # 331)

Poster # T-210 (Assess Dx, Clin Res) **Atlanta Ballroom**

Field, Lia, MA; Black, J. Audie, BA; Levendosky, Alytia, PhD; Bogat, G. Anne, PhD; Davidson, William, PhD

Michigan State University, East Lansing, Michigan, USA

Women exposed to domestic violence (DV) are at an increased risk for developing the posttraumatic stress symptoms (PTS) currently defined by the *DSM-IV-TR*; however, these diagnostic symptoms may not adequately capture the trauma profile of DV exposed women with a history of childhood interpersonal traumas. Women with this early trauma history may be more likely to develop Complex PTS. The current study examines both PTS and Complex PTS in a sample of DV exposed women. Within this sample, the following three groups of women were identified based on retrospective report of childhood abuse: no physical or sexual abuse, either type of abuse, and both physical and sexual abuse. We hypothesized (1) that childhood abuse would not increase the likelihood for *DSM-IV-TR* PTS after DV, while (2) a history of either type of childhood abuse would increase the likelihood of exhibiting Complex PTS following DV. Analyses indicate that childhood abuse does not significantly increase the likelihood of developing *DSM-IV-TR* PTS following adult DV, but these early traumas significantly increase the risk for developing Complex PTS. These results suggest that PTS manifest differently in individuals who have experienced a lifetime of interpersonal trauma versus those with only adulthood experiences, and highlight the need to reconceptualize how PTS are evaluated in such individuals.

Deployment Stressors and Posttraumatic Stress Among ARNG Women Deployed in Support of the GWOT

(Abstract # 333)

Poster # T-211 (Disaster, Mil Emer) **Atlanta Ballroom**

Wooten, Nikki, PhD

Boston University, Boston, Massachusetts, USA

Women represent approximately 10% of military service members deployed in support of the Global War on Terrorism (GWOT). While most studies of deployment stressors have focused primarily on men and active duty service members, relatively few have focused on Army National Guard (ARNG) women. This study examined the relationship between deployment stressors and posttraumatic stress symptoms among women deployed in support of the GWOT while members of the ARNG. In a larger study, participants completed a self-report questionnaire assessing deployment experiences and posttraumatic stress symptoms. Results indicated that interpersonal and mission-related stressors had differential associations with posttraumatic stress symptoms. Findings suggest that interpersonal stressors may have a stronger negative effect on posttraumatic stress symptoms. This presentation will discuss different types of deployment stressors within a larger conceptual framework to assist in better understanding the deployment experiences of ARNG women veterans and service members.

The Relationship Between Cognitive Distortions and Posttraumatic Stress Disorder

(Abstract # 334)

Poster # T-212 (Practice, Assess) **Atlanta Ballroom**

Mason, Elizabeth, MS; Pruneau, Genevieve, MS; Weathers, Frank, PhD; Lyle, Sarah, BA; Carter, Benjamin, MS

Auburn University, Auburn, Alabama, USA

Cognitive models of PTSD postulate that it is the interpretation of a traumatic event, rather than the event itself, that precipitates the development of posttraumatic stress disorder (PTSD). Ehlers and Clark (2000) proposed that individuals with PTSD interpret traumatic events in a way that gives rise to a sense of current threat. Following exposure to traumatic events, individuals' assumptions about themselves, others, the environment, and the future are frequently impacted. When assumptions or attributions are inaccurate, unnecessarily negative, and interfere with functioning, they are referred to as cognitive distortions. To increase understanding of the relationship between PTSD symptoms and cognitive distortions, trauma-exposed undergraduates (N = 329) were administered the PTSD Checklist (PCL) and the Cognitive Distortion Scale (CDS) to assess cognitive distortions related to self-criticism, helplessness, hopelessness, self-blame, and preoccupation with danger. All CDS subscales were significantly correlated with total PCL scores (r range = .53 to .57). Further, all CDS subscales were more strongly associated with numbing symptoms (r range = .54 to .62) than with any other PTSD symptom cluster (r range = .36 to .49). Results suggest that distorted cognitions are significantly associated with overall PTSD severity and in particular, with numbing symptoms.

Prazosin Reduces Trauma Nightmares and Severe Sleep Disturbance in Soldiers Deployed in Iraq

(Abstract # 365)

Poster # T-213 (Prev, Clin Res)

Atlanta Ballroom

Calohan Jes, Maj., PMHNP, U.S. Army

UW Alzheimer's Disease Research Center/VA, Seattle, WA

Trauma nightmares with severe sleep disturbances impair soldiers' ability to function optimally in combat. The generic alpha-1 adrenergic receptor antagonist prazosin is effective and well tolerated for treating nightmares and improving sleep and daytime function in Vietnam veterans with chronic PTSD. Whether prazosin would be effective and well tolerated for soldiers operating in the dehydrating desert climate of Iraq has not been assessed. Thirteen soldiers with trauma nightmares and sleep disturbance were treated with prazosin (mean achieved dose 4.1 ± 2.2 mg) by a combat stress control team in northern Iraq. Each soldier had a baseline and a follow-up rating using the CAPS "recurrent distressing dreams" and "disturbed sleep" items. The Clinical Global Impression of Change (CGIC) measuring function and sense of well being was completed at follow-up. Nine soldiers (70%) improved markedly ($n=6$) or moderately ($n=3$) on the CGIC. Nightmare scores decreased from 6.8 ± 1.2 ($p<0.01$) and disturbed sleep scores from 6.7 ± 1.4 to 3.7 ± 1.8 ($p<0.01$). Prazosin was well-tolerated with no dizziness, falls, or daytime sedation. Prazosin appears effective and well tolerated for combat trauma nightmares, severe sleep disturbance and associated functional impairment in the active desert warfare environment.

Group CPT in a Mixed Trauma Veteran Population: Implementation Strategies and Effectiveness

(Abstract # 254)

Poster # T-214 (Clin Res)

Atlanta Ballroom

Shia, Sarah, PhD¹; Grattan, Jennifer, BA¹; Galovski, Tara, PhD²

¹*St. Louis VA Medical Center, St. Louis, Missouri, USA*

²*University of Missouri-St Louis, St. Louis, Missouri, USA*

CPT has been shown to be efficacious with multiple trauma types and populations (Monson, Price, & Ranslow, 2005; Resick, et al., 2008). While group CPT has also been empirically supported (Chard, Resick, and Wertz, 1999) and the veteran/military version of the CPT therapist's manual (Resick, Monson, & Chard, 2007) provides guidelines for group administration, group CPT with veterans has not been widely tested. Furthermore, the literature on mixed trauma group therapy – treating patients with varying traumas in the same group – is virtually nonexistent. The present study aims to explore the practical effectiveness of mixed trauma group CPT in a VA outpatient setting. Dependent sample t tests were conducted and revealed significant decreases from pre to post treatment in posttraumatic stress ($p<.001$, $n=24$) and in depressive symptoms ($p<.05$, $n=6$) in patients who completed a full course of CPT at the St. Louis VAMC. These groups were specifically constructed to include various combinations of demographic (e.g. race, gender, and era/age) and trauma experiences (e.g. combat exposure, sexual assault/abuse, military accidents, hate crime victimization). By the November presentation date, a total sample size of 45 is expected, and

improvements in medical health will be examined and discussed in terms of therapeutic benefit and cost effectiveness.

Assessing Concordance Between Student and Teacher Ratings of Posttraumatic Growth in Japanese Youth

(Abstract # 257)

Poster # T-215 (Child, Assess Dx)

Atlanta Ballroom

Taku, Kanako, PhD¹; Kilmer, Ryan, PhD²; Phillips, Melanie, Undergraduate¹

¹*Oakland University, Rochester, Michigan, USA*

²*University of North Carolina, Charlotte, Charlotte, North Carolina, USA*

This study examined the degree to which teachers corroborated their students' self-rated posttraumatic growth (PTG). Although studies have explored congruence between adult respondents, it has not been examined involving a youth sample. Participants included 4 teachers and 133 Japanese 7th and 9th graders who completed the revised PTG Inventory for Children (Kilmer et al., in press). These youth either considered their response following a trauma experienced within the past year, or, for those who did not report a trauma, the degree to which they had changed in the prior year. Teachers rated changes in the students over the past year. Student and teacher PTG ratings were not associated ($r = .02$). Among students ($n = 39$) reporting the highest PTG levels (scores ≥ 20), only 10.3% of their teachers rated levels of PTG consistent with that cutoff. The level of student-teacher agreement increased to 45.6% among students ($n = 48$) reporting moderate PTG (scores of 11-19), and 56.3% for those ($n = 16$) reporting low PTG levels (scores ≤ 10). Paired-sample t-tests showed that students' self-reports exceeded teachers' on 5 of 10 items and the PTG total. These findings suggest that, although teachers have general knowledge of the growth students experience, they may underestimate their experience of positive change. Implications for research and application are discussed.

Traumatic Experiences and PTSD Symptoms for Women Seeking Higher Education

(Abstract #266)

Poster # T-216 (Media, Cult Div)

Atlanta Ballroom

Zuckerman-Parker, Michelle, EdD; Compliment, Christine, LCSW; Rodella, Megan; Mannarino, Anthony, PhD; Post, Christopher J., MD, PhD, FACS

West Penn Allegheny Health Systems, Allegheny, Pennsylvania, USA

The Allegheny Women's Biotechnology Workforce Collaborative, (AWBWC) provides a psycho-educational intervention for disadvantaged women, $n=33$ between the ages of 19-48. The racial composition is 50% African American and 50% Caucasian. Participants conveyed a sense of having felt "expendable" by their biological families. Many were forced to stay home from school to care for younger siblings. 100% of the participants are struggling with varying levels of self-awareness concerning the need to wean their families off this dependency. Two symptoms which impact participants' ability to perform academically are the ability to concentrate and tendency for poor sleeping. 70% live below the poverty line, more than 50% have family members incarcerated and 90% have history of victimization. This integrated program is designed to help these women re-enter workforce education programs. Results from the study to date

indicate participants still have to balance their lives on campus and at home. Once a level of balance is attained, self-efficacy about education and their family roles changes. For example, in the face of "becoming educated," the participants begin to evolve away from the "go to girl" for the family. Therefore the intervention and return to school is transformational for these women psychologically (reduced negative PTSD effects) and pragmatically (different family role). Following Ryan and Deci's (2000) macro-theory of human motivation, the women seem to be experiencing a shift in motivation, from a more extrinsic to a more intrinsic locus. The program helps create protective factors which help lead to growth.

Ethnic Differences in Exposure to Hurricane Katrina and Resulting PTSD Symptoms

(Abstract # 1010)

Poster # T-217 (Disaster, Cul Div) **Atlanta Ballroom**

Bracken, Katherine, BS¹; McDevitt-Murphy, Meghan, PhD¹; Ward, Kenneth, MD, PhD, MSC¹; Stockton, Michelle, PhD¹; Lanctot, Jennifer, PhD²; Relyea, George¹; Mzayek, Fawaz, MD, PhD¹; Forde, David, PhD³; Read, Mary, MA¹

¹University of Memphis, Memphis, Tennessee, USA

²SJCRH, Memphis, Tennessee, USA

³University of Alabama, Birmingham, Alabama, USA

Hurricane Katrina's devastating effects on residents of the Gulf Coast have been a focus for many researchers. However, ethnic differences in trauma exposure and PTSD related to Katrina have not been thoroughly studied. Although some researchers suggest African Americans "disproportionately experienced the greatest suffering" (Lee et al., 2009), one study found that trauma exposure was similar across ethnicities, non-Hispanic blacks and whites had similar rates of PTSD, and Hispanics and other ethnic minorities were less likely to have PTSD (Galea et al., 2007). Data for the present study were collected as part of an epidemiological survey focused primarily on smoking relapse following Katrina. Telephone surveys were conducted with 1003 residents (67% Caucasian, 27% African American and 3% Hispanic) of New Orleans who were selected using random digit dialing. To quantify exposure, participants were asked a series of questions about Katrina-related experiences and were also screened for PTSD using the Short Screening Scale for DSM-IV PTSD (Breslau et al., 1999). Chi-Square analyses revealed minorities were more likely than Caucasians to experience a series of stressors including damage to the home, $p < .001$, and having an immediate family member die as a result of the storm, $p < .001$. Surprisingly, there was no difference in the rate of positive PTSD screens by ethnic group.

Predicting Subsequent Distress From Measures of Perceived and Actual Growth Post-Trauma

(Abstract # 1057)

Poster # T-218 (Clin Res, Res Meth) **Atlanta Ballroom**

Frankfurt, Sheila, BA; Frazier, Patricia, PhD

University of Minnesota, Minneapolis, Minnesota, USA

Recent data suggest that self-reported post-traumatic growth (PTG) is uncorrelated with actual change in growth-related domains from pre- to post-trauma (Frazier et al., in press). The purpose of this study was to examine whether perceived or actual PTG predict later distress. Undergraduate students ($N = 1,528$) were assessed at baseline (T1) and 2 months later (T2; $n = 1,281$) using online surveys. Those who experienced a Criterion A traumatic event between T1 and T2 ($n = 122$) completed a distress measure (DASS-21) at 2 more time points, 2 months apart (T3 and T4). Perceived PTG regarding the traumatic event that occurred between T1 and T2 was assessed via the Post-Traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) at T2. Pre- to post-trauma change scores (T1 to T2) were calculated to assess actual change in five growth-related domains (religiosity, meaning in life, life satisfaction, relationships, and gratitude). Perceived PTG (PTGI scores) was unrelated to distress at T3 and T4 (r 's = $-.09$ and $.06$, respectively). However, actual positive changes in relationships and increased gratitude from pre- to post-trauma were significantly associated with reporting less distress at T3 (r 's = $-.26$ and $-.29$) and T4 ($r = -.44$ for both relationships and gratitude).

Trauma, Psychological Distress, and HIV Risk Behavior in Zimbabwe: A Cross-Sectional Survey of Women

(Abstract # 51)

Poster # T-219 (Prev El, Soc Ethic) **Atlanta Ballroom**

Andermann, Lisa, MD¹; Gore-Felton, Cheryl, PhD²

¹Mount Sinai Hospital, Toronto, Ontario, Canada

²Stanford University, California, USA

The levels of HIV in Sub-Saharan Africa remain the highest in the world despite declining global HIV incidence rates. Most of the HIV incidence in this region is the result of heterosexual behavior. Sub-Saharan African women are almost three times more likely to be infected with HIV than men; however, we know very little about the factors associated with HIV transmission among women in Africa. Therefore, this study sought to examine trauma and abuse, psychological distress, and HIV risk behavior in a cross-sectional assessment of women attending antenatal clinics in Chitungwiza, Zimbabwe. 37% of the women screened positive for PTSD. Scores on the PTSD screening tool were found to be correlated with greater abuse severity, being HIV positive, sexual risk taking, and a greater number of partners in the past year. 49% of the women also report having ever been abused, with 30% being afraid of their partner. Abuse severity was significantly associated with PTSD and with the number of sexual partners in the past year. In addition, abuse was associated with HIV risk behavior regardless of the PTSD status of the women in this particular sample. The question remains, then, what factors not only mediate this relationship but that are amenable to treatment and intervention among women in Zimbabwe.

Prevention of Child Sexual Abuse: A Multi-Site Randomized Control Trial

(Abstract # 119)

Poster # T-221 (Prev El, Child) Atlanta Ballroom

Rheingold, Alyssa, PhD¹; Patton, Meghan, BS¹; Hessinger, Jonathan, BS¹; Rohler, Chelsey, BS²

¹MUSC, Charleston, South Carolina, USA

²National Crime Victims, Research & Treatment Center, Charleston, South Carolina, USA

Given the significant rates of child sexual abuse (CSA) and deleterious consequences, identifying an effective prevention is clearly a priority. There is growing awareness that child care professionals, such as teachers, child care personnel, and clergy, are in a unique position to engage in prevention efforts. Programs to train child care professionals about CSA have received insufficient attention and evaluation. The primary goal of this study is to conduct an independent multi-site controlled evaluation of Darkness to Light's Stewards of Children, on impacting child care professionals' knowledge, attitudes, and behavior related to CSA. Darkness to Light (D2L), a national non-profit organization, has developed a 2 1/2 hour training program. D2L's sexual abuse prevention training is offered via an in-person training format and web-based training format. This study involves 300 child care professionals across three states who were randomly assigned to one of three conditions: (1) in-person training, (2) web-based training, or (3) waitlist control. Dependent variables included CSA knowledge, attitudes about CSA, self report preventative behaviors, and response to hypothetical behavioral vignettes. Preliminary results indicate that the intervention increased knowledge and increased reported preventative behaviors compared to the waitlist control group.

A Survey of Trauma in a College Student Population: Psychological Outcomes by Ethnicity and Gender

(Abstract # 196)

Poster # T-222 (Cul Div, Soc Ethic) Atlanta Ballroom

Veazey, Connie, PhD; Cabrera, Omar, BA; Martin, Sheena, MS

University of Louisiana, Lafayette, Louisiana, USA

Research on ethnicity as a risk factor in the development of posttraumatic stress disorder (PTSD) has been inconclusive. African Americans are hypothesized to be at greater risk for PTSD due to higher exposure to violence and other traumatic events. Gender is a well-known risk factor in PTSD development with women expressing more PTSD symptoms than men. If ethnicity mediates PTSD development as does gender, African American women will be at greatest risk for PTSD as compared to European American men and women and African American men. The purpose of the present study was to examine differences between African Americans and European Americans in psychological symptoms of anxiety, stress, depression, and PTSD after exposure to lifetime traumatic events. A 2 (Gender) x 2 (Ethnicity: African American and European American) MANOVA was conducted with the dependent variables of Depression and Anxiety Stress Scale-Anxiety Score (DASS-A), DASS-Depression Score (DASS-D), DASS-Stress Score (DASS-S), and Posttraumatic Stress Disorder Check List (PCL) Total Score (PCL). There was a significant Gender x Ethnicity interaction for PCL total scores. European Americans females had higher PCL Total Scores

($m=32.52$) than males ($m = 23.38$). For African Americans, PCL Total Scores were roughly equivalent for males ($m=28.53$) and females (29.76).

Sympathetic Nervous System Responses During Fear Conditioning Predict PTSD Avoidance Symptoms

(Abstract # 246)

Poster # T-223 (Bio Med, Clin Res) Atlanta Ballroom

Phifer, Justine, BA; Blanding, Nineequa, BA; Ressler, Kerry, MD, PhD; Karapanou, India, BA; Jovanovic, Tanja, PhD

Emory University School of Medicine, Atlanta, Georgia, USA

Posttraumatic stress disorder (PTSD) occurs in some people after exposure to traumatic events. This is a heterogeneous disorder that is defined by three major symptom clusters: intrusive symptoms, avoidance of reminders of the event, and hyper-arousal. Individual patients can vary in the degree to which they present with the different symptoms. The purpose of this study was to examine the relationship between physiological responses and specific PTSD symptoms to gain insight into biological endophenotypes of PTSD. We measured psychophysiological responding during a fear conditioning discrimination task. This paradigm independently assesses responses to danger and safety cues using electrodermal activity (EDA) and skin conductance responses (SCR). We used these measures to predict ratings on individual items on the PTSD symptom scale (PSS) using linear regression analyses. The study sample ($n=104$) was recruited from a highly traumatized civilian population seeking treatment at the Grady Health system in Atlanta, GA. Results show that PTSD subjects have lower skin conductance responses than controls, $F(1,102)=11.91$, $p<0.001$, with PTSD subjects showing exaggerated habituation after the first block of conditioning. Higher SCR during the last block of conditioning predicted avoidance symptoms on the PSS $F(1,102)=13.31$, $p<0.001$, accounting for 11.5% of the variance in PTSD symptoms.

Environmental Factors, Resilience, and Positive Adaptation in High-Risk Youths Exposed to Violence

(Abstract # 53)

Poster # T-224 (Prev El, Child) Atlanta Ballroom

Choi, Sumi, PhD¹; Kim, Dongil, PhD²; Lee, Kijung, PhD³

¹University of Missouri, Institute of Mental Health, Columbia, Missouri, USA

²Seoul National University, Department of Education, Seoul, South Korea

³University of South Carolina, Department of Education, Columbia, South Carolina, USA

This study is intended to explain how youths exposed to violence adapted and developed well despite their experiences as a victim or witness in their home, school, or community. For this purpose, this study tested a hypothesized structural model and an additional model to examine the hypotheses which explained the relationships among the variables. Three hypotheses are as follows; the first was that violence exposure resilience will mediate between the environmental protective factors and the positive adjustment of youths exposed to violence. The second hypothesis, violence exposure resilience will be positively influenced by the environmental protective factors and promote youths' adjustment, and the third, environmental protective

factors will decrease the influence of violence exposure on the positive adjustment of youths. As a results, hypotheses 1 and 2 were confirmed, that is to say, the violence exposure resilience had mediation effects between environmental protective factors and positive youth adaptation. The hypothesis 3, that environmental protective factors decreased the negative influence of violence exposure as a risk factor on the positive adaptation, was upheld. This finding empirically supported the explanation that external protective factors of individual help youths overcome risk and positively adapt.

Skills and Tools for Conducting Ethical and Responsible Trauma-Focused Research

(Abstract # 57)

Poster # T-225 (Soc Ethic, Res Meth) **Atlanta Ballroom**

Schwerdtfeger, Kami, PhD²; Goff, Briana, PhD¹

¹Kansas State University, Manhattan, Kansas, USA

²Oklahoma State University, Stillwater, Oklahoma, USA

Recent emphasis on the ethical conduct of researchers has resulted in a growing body of literature exploring the impact of trauma-focused research on participants. Applying the ethical principles of research (autonomy, beneficence, nonmaleficence, and justice), the proposed workshop will further the discussion of ethical trauma-focused research protocol by focusing on specific research procedures. Researchers will be provided with a set of practical suggestions for maintaining the ethical integrity of research involving trauma survivors and family members. To illustrate these ethical procedures, the presenters' experience conducting research with special populations of trauma survivors will be described. The presenters will provide examples of techniques to implement throughout the process of research, including working with the IRB, participant recruitment, participants as research partners, methods to reduce stress during research procedures, debriefing, referrals, and follow-up letters to participants. Best practices for conducting ethical trauma-focused research will be provided. As well, recommendations for future research will be outlined in an effort to further extend the ethical understanding of the benefits and costs of trauma-focused research.

The Relationship Trauma Process: When Abuse in Intimate Adult Relationships Becomes Trauma

(Abstract # 61)

Poster # T-226 (Practice, Assess Dx) **Atlanta Ballroom**

Orzeck, Tricia, PhD¹; Rokach, Ami, PhD²

¹UBC, Vancouver, British Columbia, Canada

²York University, Toronto, Canada

When viewing abuse from a trauma perspective, treatment approaches must adapt to complex symptomatic responses while considering how chronic abuse develops into trauma. This study examined the experiences of eleven adult women traumatized from abusive intimate relationships. Further, it sought to understand the symptomatology and coping strategies that are representative of relational forms of trauma. Grounded theory methodology with comparative analysis procedures were used to derive the salient categories. The women's experiences encompassed a pervasive pushing-pulling dynamic, accompanied by increasingly intense emotional reactions and varied coping

responses, including initial anger and shock, avoidance symptoms, and self-dysfunctional symptoms. The traumatic relationship did not begin with trauma, rather, it progressed through a series of stages: the Beginning of the Relationship, the Initial Abusive Behaviours Stage, the Perceptual Shift Stage, the Trauma Stage, and the Moving On Stage. These findings vary from previous conceptualizations of posttraumatic processes and symptomatology. Treatment interventions at various points in the traumatic process are suggested, including assessment of relationship trauma, understanding the point at which abuse becomes trauma, early points of intervention, and effective coping strategies found among all the women in this study.

Recovery and Re-Adjustment Approach to the Treatment of Combat PTSD in VAMC Outpatient Program

(Abstract # 63)

Poster # T-227 (Practice, Clin Res) **Atlanta Ballroom**

Lynch III, John, PhD; Fernandez, Antony, MD; Benesek, John, PsyD

Virginia Commonwealth University School of Medicine, Richmond, Virginia, USA

Veterans returning from tours of duty are profoundly changed by their combat experiences. Resulting PTSD affects all aspects of a veteran's life; their emotional, spiritual, intellectual, family and relationship life, as well as their physical well being. How veterans think, feel, manage affect, relate to others, feel about the future and the meaning of life is altered in life changing ways. Experiencing these all encompassing changes, veterans face predictable, yet profound obstacles in the difficult process of transitioning from warriors to civilians. In order to address the complex re-adjustment demands that veterans face, a treatment approach must be integrated, multi-faceted, and collaborative, addressing all aspects of the veteran's life. To a veteran, PTSD is an experience, not a diagnosis. Therefore, and effective treatment program must be in terminology that captures a veteran's experience. Our treatment model incorporates three legs of PTSD treatment: Focused Trauma Treatment, Support and Connections through Education and Combat process Groups and Life Skills for Readjustment. The program is designed to meet treatment goals directly related to PTSD i.e. improve sleep, develop physical relaxation skills, develop affective regulation skills, make meaningful social, familial relationships, and find meaning and purpose.

Criteria for Adult Relationship Trauma: A PTSD Variation

(Abstract # 59)

Poster # T-229 (Assess Dx, Practice) **Atlanta Ballroom**

Orzeck, Tricia, PhD¹; Rokach, Ami, PhD²; Chin, Jacqueline²

¹UBC Toronto, Ontario, USA

²UBC, Vancouver, British Columbia, USA

The present study analyzed the factor structure of items related to trauma experienced in the context of an abusive intimate adult relationship. Participants included clinical (73 participants) and community (43 participants) samples that completed the posttraumatic stress syndrome (PTRS) questionnaire, a 40-item scale measuring several dimensions of relationship trauma.

The scale was shown to have strong reliability ($\alpha = 0.97$) and between 0.70 - 0.96 for the varying factors. Seven meaningful factors, accounting for 71.4% of the variance, resulted from an exploratory factor analysis used to assess the performance of items related to trauma symptomatology in abusive relationships. These factors included: Physiological Anxiety Responses, Safety/Trust, Hyperarousal, Emotional/Cognitive Dysregulation, Intimate Relational Changes, Emotional/Psychological Distress, Loss/Isolation. Results suggest that both physiological and relational factors are pertinent to a trauma diagnosis occurring in the context of abusive relationships, differing from the *DSM-IV* criteria for PTSD. This suggests that treatment and assessment of individuals traumatized from abusive relationships should take into account these factors which are not routinely considered in trauma diagnoses.

Building Personal and Professional Resilience With Police Officers

(Abstract # 508)

Poster # T-230 (Prevention, Mil Emer)

Atlanta Ballroom

Baum, Naomi, PhD

Israel Center for the Treatment of Psychotrauma, Jerusalem, Israel

Policemen are at considerable risk for exposure to life-threatening situations, sights of death and destruction, and experience both high levels of stress and witness much human suffering over the course of their professional careers. As one way to deal with this high level of exposure, we have implemented over 25 workshops using the "Building Personal and Professional Resilience" model in the police over the past three years. The purpose of this intervention is to train police officers to better understand the sources of stress in their lives, and what they can do to alleviate this stress, increase coping and build resilience. We have evaluated three groups of police officers: bomb sappers, traffic investigators, and patrolman. While all police officers have been highly exposed to trauma during their professional careers we have found important differences in the organizational culture of each sub group within the police. We will present data examining self reported levels of exposure, post traumatic symptoms and distress among the various officer groups as well as protective factors. We will also examine preliminary outcome data indicating that police officers experienced growth and change as the result of the resilience building intervention.

Modeling Profiles of Psychosis and PTSD Symptom Co-Occurrence Based on the National Co-Morbidity Survey

(Abstract #279)

Poster # T-231 (Assess Dx, Res Meth)

Atlanta Ballroom

Armour, Cherie, BSc¹; Shevlin, Mark, PhD²; Murphy, Jamie, PhD³; Houston, James, PhD³; Adamson, Gary, PhD²

¹*University of Ulster, Coleraine, United Kingdom*

²*University of Ulster, Eglinton, Derry, United Kingdom*

³*Nottingham Trent University, Nottingham, United Kingdom*

The occurrence of psychotic symptoms within posttraumatic stress disorder (PTSD) diagnosed individuals has been frequently reported within combat veteran samples. A similar occurrence has been previously reported within a nationally representative sample. The current study aimed to profile the endorsement of both PTSD symptoms and psychosis indicators in a large sample of individuals with a lifetime diagnosis of PTSD. Using data from the National Comorbidity Survey (NCS), a latent class analysis was conducted based on the PTSD symptoms of intrusion, avoidance, and hyperarousal, in addition to several indicators of psychosis symptoms of hallucinations and delusions. Results indicated that there were four classes, two of which had relatively high probabilities of endorsing the hallucinations and delusions indicators. These classes were associated with a broad range of traumatic experiences, specified in the NCS, and a broad range of possible comorbid psychiatric disorders, of alcohol dependence, drug dependence, depression, bipolar disorder, mania, and generalized anxiety disorder. It was concluded that Class 1 (High psychosis, High PTSD) resulted in the highest rate of significant associations for traumas and comorbid psychiatric disorders.