

ISTSS

International Society for Traumatic Stress Studies



ISTSS
31st Annual Meeting

Back to Basics:

Integrating Clinical and Scientific Knowledge
to Advance the Field of Trauma

Poster Abstract Book

November 5 – 7, 2015 | Pre-Meeting Institutes, November 4
New Orleans Marriott, New Orleans, Louisiana, USA



Boston University School of Medicine

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ISTSS 31st Annual Meeting

Poster Abstracts

Table of Contents

	Pages
Guides to Information in the Schedule	2-3
Thursday Poster Session One	
Thursday Poster Session One Information	4
Thursday Poster Map	5
Student Poster Award Finalists	6-11
Assessment and Diagnosis Posters	12-27
Community-Based Programs & Ethics Posters	28-32
Research Methodology Posters	32-35
Prevention/Early Intervention Posters	35-41
Clinical Practice Posters	42-50
Biological/Medical Posters	50-60
Clinical/Intervention Research Posters	60-112
Culture/Diversity, Global Issues & Journalism Posters	113-116
Social Issues & Public Policy Posters	116-118
Training/Education/Dissemination Posters	119-122
Vicarious Traumatization and Therapist Self-Care Posters	122-123
Technology	124
Thursday Welcome Reception Poster Session	
Welcome Reception Poster Session Information	125
Welcome Reception Poster Floor Plan	126
Aging, Trauma and the Life Course SIG Posters	127
Trauma Assessment and Diagnosis SIG Posters	128
Child Trauma SIG Posters	129
Complex Trauma SIG Posters	130
Diversity and Cultural Competence SIG Posters	131, 143
Lesbian, Gay, Bisexual & Transgender (LGBT) SIG Posters	131
Dissemination and Implementation SIG Posters	132
Family Systems SIG Posters	133
Gender and Trauma SIG Posters	134
Genomics and Trauma SIG Posters	135-136
Trauma, Health and Primary Care SIG Posters	136
Intergenerational Transmission of Trauma & Resilience SIG Posters	137
Psychodynamic Research and Practice SIG Posters	138
Terrorism and Bioterrorism Related Trauma SIG Posters	139
Theory and Traumatic Stress Studies SIG Posters	140
Trauma and Substance Use Disorders SIG Posters	141
Traumatic Loss and Grief SIG Posters	142
Friday Poster Session Two	
Friday Poster Session Two Information	144
Friday Poster Map	145
Assessment and Diagnosis Posters	146-165
Community-Based Programs Posters	166-170
Research Methodology Posters	170-173
Prevention/Early Intervention Posters	173-181
Clinical Practice Posters	181-189
Biological/Medical Posters	189-198
Clinical/Intervention Research Posters	198-252
Culture/Diversity & Global Issues Posters	252-256
Social Issues & Public Policy Posters	256-258
Training/Education/Dissemination Posters	259-261
Vicarious Traumatization and Therapist Self-Care Posters	262-263
Technology	264

Guides to Information in Schedule

Keyword Type Descriptions

Primary Keywords

1. Assessment/Diagnosis (Assess Dx)
2. Biological/Medical (Bio Med)
3. Clinical/Intervention Research (Clin Res)
4. Clinical Practice (Practice)
5. Community-Based Programs (Commun)
6. Culture/Diversity (Cul Div)
7. Ethics (Ethics)
8. Global Issues (Global)
9. Journalism and Trauma (Journalism)
10. Multi-Media (Media)
11. Prevention/Early Intervention (Prevent)
12. Research Methodology (Res Meth)
13. Social Issues – Public Policy (Social)
14. Technology (Tech)
15. Training/Education/Dissemination (Train/Ed/Dis)
16. Vicarious Traumatization and Therapist Self-Care (Self-Care)

Secondary Keywords

- Accident/Injury (Acc/Inj)
- Acute/Single Trauma (Acute)
- Affective Processes/Interventions (Affect/Int)
- Aggression/Aggressive Behavior (Aggress)
- Aging/Lifecourse (Aging)
- Anxiety (Anx)
- Assessment/Diagnosis (Assess Dx)
- Biological/Medical (Bio Med)
- Child Physical Abuse/Maltreatment (CPA)
- Child Sexual Abuse (CSA)
- Chronic/Repeated Trauma (Chronic)
- Clinical/Intervention Research (Clin Res)
- Clinical Practice (Practice)
- Cognitive Processes/Interventions (Cog/Int)
- Community-Based Programs (Commun)
- Community/Social Processes/Interventions (Comm/Int)
- Community Violence (Comm/Vio)
- Complex Trauma (Complex)
- Culture/Diversity (Cul Div)
- Death/Bereavement (Death)
- Depression (Depr)
- Developmental Processes/Interventions (Dev/Int)
- Domestic Violence (DV)
- (Epi)Genetic Processes/Interventions (Gen/Int)
- Ethics (Ethics)
- Ethnicity (Ethnic)
- Family Relationship Processes/Interventions (Fam/Int)
- Gender and Trauma (Gender)
- Genetics/Epigenetics (Genetic)
- Global Issues (Global)
- Health Impact of Trauma (Health)
- Human Rights (Rights)
- Illness/Medical Conditions (Illness)
- Intergenerational Trauma (Intergen)
- Journalism and Trauma (Journalism)
- Multi-Media (Media)
- Natural Disaster (Nat/Dis)
- Neglect (Neglect)
- (Neuro)Biological Processes/Interventions (Bio/Int)
- Neuro Imaging (Neuro)
- Quality of Life (QoL)
- Prevention/Early Intervention (Prevent)
- Primary Care (Care)
- Psychodynamic Research (Psych)
- Public Health (Pub Health)
- Rape/Sexual assault (Rape)
- Refugee/Displacement Experiences (Refugee)
- Research Methodology (Res Meth)
- Sexual Orientation and Trauma (Orient)
- Sleep (Sleep)
- Social Issues – Public Policy (Social)
- Substance Use/Abuse (Sub/Abuse)
- Survivors/Descendants of Historical Trauma (Surv/Hist)
- Technical Disaster (Tech/Dis)
- Technology (Tech)
- Terrorism (Terror)
- Theory (Theory)
- Torture (Torture)
- Training/Education/Dissemination (Train/Ed/Dis)
- Traumatic Grief (Grief)
- Vicarious Traumatization and Therapist Self- Care (Self-Care)
- War – Civilians in War (Civil/War)
- War -Military/Peacekeepers/Veterans (Mil/Vets)

Tracks

This year, every concurrent session is tagged as part of a track. This will enable you to find the sessions pertinent to you more easily. On the schedule you will see the track listed in the left column.

Cognitive Processes/Interventions Track
Affective Processes/Interventions Track
Other Interventions Track

Child Trauma Track
Bio-Med/Genetics Track
Public Health Track

Military Track
Neuro Track
Assessments and Diagnosis Track

Guides to Information in Schedule

Regions

C & E Europe & Indep	Central and Eastern Europe and the Commonwealth of Independent States
E & S Africa	Eastern and Southern Africa
E Asia & Pac	East Asia and the Pacific
Industrialized	Industrialized Countries
Latin Amer & Carib	Latin America and the Caribbean
M East & N Africa	Middle East and North Africa
S Asia	South Asia
W & C Africa	West and Central Africa

Population Types

1. Child/Adolescent (Child/Adol)
2. Adult (Adult)
3. Older People/Aging (Older)
4. Both Adult and Child/Adolescent (Lifespan)
5. Mental-Health Professionals (Prof)
6. Other Professionals (Other)

Presentation Level

All presentations designate the knowledge/skill level required of the participant as either:

Introductory (I), Intermediate (M) or Advanced (A).

These are used as a general guide only since attendees have very diverse educational and professional backgrounds.

Introductory (I): Presentations that all participants (including undergraduate students) with any appropriate background will be able to fully comprehend and/or appreciate. Presentations will discuss concepts that are considered basic skills/knowledge for those working in the field.

Intermediate (M): Presentations that participants may more fully comprehend/appreciate if they have at least some work experience in the topic to be discussed.

Advanced (A): Presentations consisting of concepts requiring a high-level of previous educational background, or work experience, in the particular area/topic to be discussed as well as being most geared for specialists and those in advanced stages of their career.

Author Attended Poster Session One
Thursday, November 5
5:30 p.m. to 7:00 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One on Thursday, the Featured Poster Presentations at the Welcome Reception, or Author Attended Poster Session Two on Friday, and includes a time period when the presenting author is available to answer questions.

Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is on the previous page.

Key:

Poster # Number (Primary keyword, Secondary Keywords, Population type) Presentation Level – Region

Keyword type descriptions can be found on page 2.

Regions and Population Types can be found on page 3.

Presentation levels and descriptions can be found on page 3.

Session One: Thursday, November 5

Poster Setup: 8:00 a.m. – 10:30 a.m.

Poster Viewing: 10:30 a.m. – 5:30 p.m.

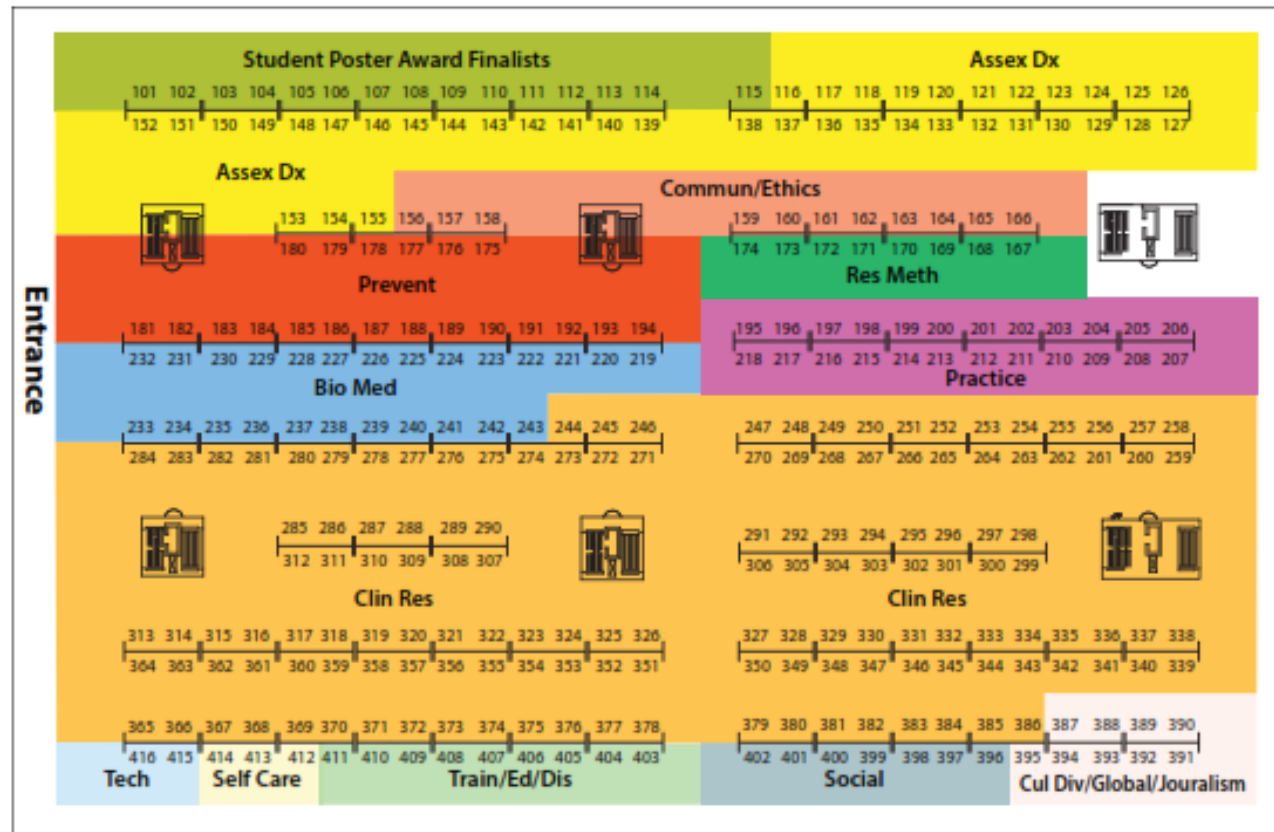
Author Attended Poster Session: 5:30 p.m. – 7:00 p.m.

Poster Dismantle: 7:00 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.

Thursday Poster Session One Distribution Map Preservation Hall – 2nd Floor



Thursday Poster Distribution

101 – 115	Student Poster Award Finalists	244 – 386	Clin Res
116 – 155	Assess Dx	387 – 395	Cul Div/Global/Journalism
156 – 166	Commun/Ethics	396 – 402	Social
167 – 174	Res Meth	403 – 411	Train/Ed/Dis
175 – 194	Prevent	403 – 411	Self Care
195 – 218	Practice	415 – 416	Tech
219 – 243	Bio Med		

STUDENT POSTER AWARD FINALISTS

THU 101

Longitudinal Associations between Posttraumatic Stress and Generalized Anxiety Symptoms: A Cross-Lagged Analysis

(Abstract #286)

**Poster #THU 101 (Assess Dx, Anx, Nat/Dis,
Child/Adol) M - E Asia & Pac**

Cao, Xing, Wang, Li, Cao, Chengqi, Zhang, Jianxin
Key Laboratory of Mental Health, Institute of
Psychology, Chinese Academy of Sciences, Beijing,
China

Posttraumatic stress disorder (PTSD) and generalized anxiety disorder (GAD) are highly comorbid in the aftermath of trauma. Nevertheless, the nature of this comorbidity remains unclear. The present study examined the direction of the relationship between posttraumatic stress and generalized anxiety symptoms by comparing three models: the synchronous change model, the PTSD causes GAD model and the GAD causes PTSD model. A sample of 948 adolescents surviving the 2008 Wenchuan earthquake was assessed by the UCLA PTSD Reaction Index (PTSD-RI) and the GAD subscale of the Screen for Child Anxiety Related Emotional Disorders (SCARED) at 30, 36, 42 months post-earthquake. A cross-lagged structural equation modeling (SEM) analysis indicated that posttraumatic stress and generalized anxiety symptoms exhibited significant stability effects and were associated synchronously at each time point, and generalized anxiety symptoms predicted an increase in subsequent posttraumatic stress symptoms, which supports the synchronous change model and the GAD causes PTSD model. Generalized anxiety symptoms may play an important role in the development of posttraumatic stress symptoms, thus more attention should be paid simultaneously to generalized anxiety symptoms in the assessment and treatment of PTSD.

THU 102

PTSD's Underlying Dimensions and their Relation with Impulsivity Facets

(Abstract #134)

**Poster #THU 102 (Assess Dx, Sub/Abuse,
Theory, Adult) M - Industrialized**

Contractor, Ateka¹, Armour, Cherie², Forbes,
David³, Elhai, Jon¹

¹University of Toledo, Toledo, Ohio, USA

²University of Ulster, Coleraine, Northern Ireland,
United Kingdom

³Australian Centre for Posttraumatic Mental Health,
University of Melbourne, Carlton, Victoria, Australia

Research indicates a significant relationship between posttraumatic stress disorder (PTSD) and impulsivity (Ledgerwood and Petry, 2006); in fact a "reckless and self-destructive behaviors" criterion has been included in the DSM-5 PTSD symptoms. The present study assessed relations between PTSD's alterations in arousal and reactivity (AAR) and negative alterations in mood and cognitions (NAMC) symptom clusters and impulsivity subscales (urgency, sensation-seeking, lack of premeditation, lack of perseverance) in an effort to assess the specific impulsivity component most related to these PTSD symptoms. The PTSD Checklist for DSM-5 and UPPS Impulsivity Scale were administered to a sample of 412 subjects with a trauma history. Results using Wald chi-square tests of parameter constraints indicated that PTSD's AAR and NAMC factors were most related to impulsivity's sensation seeking tendency compared to other impulsivity components. Results highlight the importance of assessing and addressing sensation-seeking tendencies in trauma treatment; this also adds to the compulsive re-exposure hypothesis (Van der Kolk et al., 1985). This contributes to the focus on addressing interventions related to bodily functioning and sensations in trauma treatment (Gordon et al., 2008). Further, sensation-seeking tendencies may be driving the co-occurrence between PTSD and impulsive behaviors.

THU 103

Relationship between Emergency Department Pain and Subsequent Posttraumatic Stress in Pediatric Injury

(Abstract #1805)

**Poster #THU 103 (Assess Dx, Acc/Inj,
Child/Adol) I - Industrialized**

Hildenbrand, Aimee¹, Kassam-Adams, Nancy²,
Barakat, Lamia³, Kohser, Kristen³, Marsac, Meghan²

¹Drexel University, Philadelphia, Pennsylvania, USA

²University of Pennsylvania School of Medicine,
Philadelphia, Pennsylvania, USA

³Children's Hospital of Philadelphia, Philadelphia,
Pennsylvania, USA

After injury, many children experience posttraumatic stress symptoms (PTSS) that negatively impact recovery. Acute pain and PTSS share neurobiological pathways, yet their interactions are poorly

understood. This study examined the relationship between peri-trauma pain and subsequent development of PTSS after pediatric injury. Children ages 8-17 years hospitalized for unintentional injury (N=101) completed assessments at baseline (T1) and 6 (T2) and 12 weeks (T3) later. Pain ratings during emergency department (ED) care were obtained via chart review. Worst ED pain (M=6.13, SD=3.10) was associated with child PTSS at all time points ($r=.27-.35$, $p=.006-.02$). However, hierarchical regressions revealed that worst ED pain was not a significant independent predictor of later child PTSS (T2: $R^2\Delta=.006$, $p=.43$; T3: $R^2\Delta=.02$, $p=.21$) when controlling for other risk factors (i.e., age, sex, trauma history, T1 PTSS, perceived life threat). In these models, T1 PTSS and perceived life threat emerged as significant predictors. Findings suggest that pain during ED care is associated with concurrent and later PTSS but may capture primarily shared variance associated with other risk factors. Future research should attempt to replicate these findings with other pain assessment instruments to further explore the complex relationships between pain and PTSS after pediatric injury.

THU 104

Assessing Trauma Exposure and Posttraumatic Stress Disorder: Findings from an Epidemiological Catchment Area
(Abstract #1107)

Poster #THU 104 (Assess Dx, Assess Dx, Comm/Int, Pub Health, Res Meth, Adult) I - N/A

Monson, Eva, Brunet, Alain, Lonergan, Michelle, Caron, Jean
McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada

Trauma exposure is required for a diagnosis of posttraumatic stress disorder (PTSD). However, research investigating the impact of different measurement practices on the prevalence of trauma exposure within representative epidemiological samples remains scarce. The present study examines differences in rates of self-reported trauma exposure and PTSD using single question versus list-based trauma assessments in a community sample. Participants (N = 1 029) were interviewed about lifetime and current trauma exposure and PTSD. Prevalence rates were compared using a within-subject design. Use of list-based assessment increased potential trauma exposure by 17% when compared to a single question. Conditional rates of lifetime PTSD decreased from 6.7% for the single-question to 6% when using the list-based assessment. Increases in perceived trauma exposure from single to list-based assessments varied drastically by gender, specifically within the younger

age group (15-24 years old; 10.5% in men; 26.9% in women. All cases of underestimation of PTSD were women. Results support the importance of using comprehensive assessments of trauma exposure when conducting epidemiological research, especially when reporting conditional rates of PTSD. Previous research may have underestimated the prevalence of trauma exposure, particularly among young women.

THU 105

Place and Posttraumatic Stress Disorder
(Abstract #1257)

Poster #THU 105 (Social, Comm/Int, Pub Health, Social, Adult) I - N/A

Monson, Eva¹, Paquet, Catherine², Park, Anna¹, Daniel, Mark², Caron, Jean¹, Brunet, Alain¹
¹McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada
²University of South Australia, Adelaide, South Australia, Australia

Research on traumatic stress has focused on individual risk factors, but contextual factors, including perceived neighborhood disorder (ND) and social cohesion (SC), may also account for variance in relation to posttraumatic stress disorder (PTSD). The current study examines associations between these contextual factors and incidence of PTSD, both lifetime and current, as well as remission from PTSD. Cross-sectional analysis of an epidemiological survey (N = 2 433) of lifetime history of PTSD, trauma exposure, and perceived neighborhood characteristics. ND was associated with increased trauma exposure (Adjusted Odds Ratio [AOR] = 1.21, $p < .01$). For trauma-exposed individuals ND was associated with greater odds of lifetime PTSD (AOR = 1.38, $p < .01$), and SC was associated with lower likelihood of current PTSD (AOR = 0.64, $p = .04$). An indirect positive association between ND and current PTSD was mediated by SC. For participants with lifetime diagnosis of PTSD, SC was associated with higher odds of remission (AOR = 2.59, $p < .01$). Addressing the neighborhood environment may be an essential component of a successful intervention for PTSD and for fostering prevention of PTSD as a public health problem.

THU 106

A Qualitative Content Analysis of Reports of Mental Health Service Providers after the Sewol Ferry Accident in Korea
(Abstract #1732)

Poster #THU 106 (Social, Health, Pub Health, Tech/Dis, Prof) M - E Asia & Pac

Lee, Nabin¹, Chae, Jeong-Ho², SIM, KI-SUN¹, Min, Moonkyung¹, MIN, JI-WON¹, Moon, Heejeong¹
¹Ewha Womans University, Seoul, South Korea
²The Catholic University of Korea, Seoul, South Korea

The Sewol Ferry accident in April of 2014 is considered one of the biggest tragedies in modern Korean history since most victims among the 304 deceased were high school students who were going on a field trip. Sewol Ferry accident also became a milestone in changing the national disaster response and recovery system in Korea. We interviewed 36 crisis responders (psychologists, psychiatrists, social workers, nurses) who worked on the scene immediately after the Sewol Ferry accident with the purpose of finding out how the existing emergency mental health service system actually functioned and what could be improved. After an in-depth interview, we analyzed the data using the qualitative content analysis method. As a result, two substantial problems appeared. First, interviewees reported a strong need for specialized training regarding disaster mental health as they felt a lack of self-efficacy to deal with disastrous situations. Secondly, role conflicts among different agencies during the crisis intervention process was reported. Due to the lack of consensus on who the "control tower" was, there was much role confusion among service providers as well as inefficient sharing of their resources. Positive aspects were also reported such as increased awareness of disaster related interventions, and developing a community-based emergency response system during non-disaster periods.

THU 107
The Impact of PTSS and PTSD Symptom Clusters on OEF/OIF Veteran Post-Deployment Family Outcomes
 (Abstract #842)

Poster #THU 107 (Clin Res, Fam/Int, Health, Mil/Vets, Adult) I - Industrialized

Medoff, Nina¹, Fox, Annie², Smith, Brian³, Taverna, Emily¹, Vogt, Dawne³
¹National Center for PTSD, VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA
²VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA
³National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

Veterans with PTSD generally report poorer post-deployment family outcomes, which in turn may negatively impact their overall well-being. However, few studies have examined the impact of post-traumatic stress symptoms (PTSS) on an array of

post-deployment family outcomes among OEF/OIF Veterans, who have experienced longer, more frequent, and more combat-intensive deployments compared to Veterans of prior eras. Moreover, research on the impact of PTSD symptom clusters and gender differences in these relationships is limited. In this prospective study of 1,025 OEF/OIF Veterans, we conducted gender-stratified analyses to examine the impact of PTSS and PTSD symptom clusters on post-deployment family, relationship, and parental outcomes. We found that higher levels of PTSS at two years post-deployment were significantly associated with increased impairment in all outcomes four years post-deployment (avg $r = -.36$) for both female and male OEF/OIF Veterans. Additionally, differential findings were obtained for PTSD clusters, with particularly strong effects for numbing (avg $r = -.39$) and avoidance (avg $r = -.40$), and a number of gender differences were observed. Results have implications for improving mental health treatment for Veterans, as they suggest target areas to help support a smoother transition back to civilian life and promote better health in Veterans and their families.

THU 108
A Longitudinal Analysis of Posttraumatic Stress Symptoms and Cognitive Functioning
 (Abstract #395)

Poster #THU 108 (Clin Res, Bio/Int, Mil/Vets, Aging, Adult) M - N/A

Kredlow, M. Alexandra¹, Franz, Carol², Panizzon, Matthew², Xian, Hong³, Kremen, William², Lyons, Michael¹
¹Boston University, Boston, Massachusetts, USA
²University of California, San Diego, La Jolla, California, USA
³Saint Louis University, St. Louis, Missouri, USA

Emerging evidence has linked posttraumatic stress disorder (PTSD) with increased risk for dementia in late adulthood (Qureshi et al., 2010), however, it is unclear how this risk is conferred. One hypothesis is that short-term neuropsychological deficits noted in PTSD (Polak et al., 2012) may persist into late adulthood and put individuals at greater risk for dementia. Yet, few studies have examined the long-term impact of PTSD on general cognitive ability (GCA) or specific domains of cognitive functioning. This study analyzes data from the Vietnam Era Twin Study of Aging ($n = 1486$) to assess the longitudinal effects of posttraumatic stress symptoms (PTSS) on GCA assessed by the Armed Forces Qualification Test. Results indicated that PTSS at age 37 were associated with poorer GCA at age 55 and 61, controlling for premorbid GCA ($ps < .05$). We further examined the impact of PTSS on specific cognitive domains. Results indicated that PTSS at age 37, were

associated with poorer abstract reasoning ($p < .001$) and processing speed ($p < .05$) at age 55, and poorer short-term/working memory ($p < .05$) and executive switching ($p < .05$) at age 61. After correcting for multiple comparisons, the effect of PTSS on abstract reasoning at age 55 remained significant ($p < .01$). This study suggests that PTSS may have a long-term impact on GCA and specific domains of cognitive functioning.

THU 109

Trajectories of Early Response To Treatment Predict Post-Treatment Outcomes Among Women With Posttraumatic Stress Disorder
(Abstract #954)

Poster #THU 109 (Clin Res, Affect/Int, Adult) M - Industrialized

Papini, Santiago¹, Lopez-Castro, Teresa², Ruglass, Lesia³, Hien, Denise¹

¹City College of the City University of New York, New York, New York, USA

²City College of New York, New York, New York, USA

³City College of the City University of New York, Brooklyn, New York, USA

Treatment research typically examines symptom change at posttreatment and follow-up time points. However, individual differences in early treatment response remain relatively understudied and may predict long-term outcome. Latent growth mixture modeling was used to examine response heterogeneity among a large sample ($N = 353$) of women with posttraumatic stress disorder (PTSD) randomized to 12 sessions of trauma-focused or psychoeducation treatment. Three trajectories of self-reported PTSD symptom severity (PSS-SR) were identified in the first four weeks of treatment: the majority (64%) was characterized by low initial severity which gradually decreased, a second class (28.6%) had high severity and nonsignificant change, and a third class (7.4%) had low initial severity which increased. A repeated-measures ANOVA of baseline to posttreatment outcome showed a significant Group-by-Time interaction ($p = .02$). Whereas the high-severity nonresponders and low-severity responders significantly decreased in symptom severity at end-of-treatment (both $ps < .001$), the low-severity nonresponders did not ($p = .60$). Results suggest individuals with high symptom severity may not show symptom reduction until later stages of treatment. On the other hand, individuals with low severity whose symptoms worsen in the initial stages of therapy may not respond to additional sessions.

THU 110

Clinical Diversity: Practise vs Policy. A state-of-the-science review of interventions for adult survivors of childhood trauma
(Abstract #424)

Poster #THU 110 (Clin Res, CPA, CSA, Clinical Practice, Complex, Adult) M - Industrialized

Keeble, Cathryn¹, Perry, Megan¹, McCormack, Lynne²

¹University of Newcastle, Callaghan, New South Wales, Australia

²University of Newcastle, Newcastle, New South Wales, Australia

The complex trauma that arises from adverse childhood experiences has been shown to have a significant ongoing impact at personal, societal and economic levels. This impact also persists over time, leading to cyclic and trans-generational effects. To the clinician treating adult survivors of childhood trauma, it is clear empirically validated gold-standard treatments alone are often insufficient to remedy complex post-traumatic stress disorder symptomology. A therapeutic 'one-size-fits-all' does not allow for best-practice individualised tailoring of treatment regimes. Out of necessity, non-evidence based practice often becomes daily practice. This does not necessarily imply ineffective practice but rather that science has not kept pace with practitioners' need to diversify their clinical toolboxes. Consequently, treatments that experienced clinicians use successfully on a daily basis are dismissed by policies that dictate which therapies are supported and funded and thus readily available to trauma survivors. This poster presents the literature surrounding our current research project that aims to bridge the gap between research and clinical practice by rigorous comparison of emergent therapies with trauma-focussed cognitive-behavioural therapy. The intention is to broaden the base of empirically supported interventions available for the therapist to apply with confidence.

THU 111

Institutional Betrayal in the Medical System Predicts Symptoms of Posttraumatic Stress Disorder in a Sample of Patients with Chronic Medical Conditions
(Abstract #430)

Poster #THU 111 (Clin Res, Health, Illness, Adult) M - Industrialized

Tamaian, Andreea, Klest, Bridget

University of Regina, Regina, Saskatchewan, Canada

Institutional betrayal (IB), or feelings that an institution failed to prevent or respond supportively to a traumatic event, may exacerbate the negative consequences of trauma including poorer mental health status (Smith & Freyd, 2013). Due to the cumulative effect trauma has on health (Sledjeski et al., 2008) and the chronic nature of many severe health conditions, individuals experiencing these conditions may need to frequently utilize health care services (Bonomi et al., 2009). Negative appraisals of health care experiences could lead to perceptions of IB in the medical system. The current research investigated the effects of IB on posttraumatic stress symptoms in a Canadian sample with chronic medical conditions. A hierarchical multiple regression analysis indicated that after controlling for previous trauma, quality of the healthcare relationship, and general willingness to trust, IB still significantly predicted posttraumatic stress symptoms. Given that IB is only moderately correlated with the other predictors, results suggest that IB is a unique construct with independent predictive value that may be more detrimental to medical patients than are other factors. Therefore, IB in the medical system is a construct that should be attended to by researchers and those in the medical profession in order to ensure quality healthcare services for patients.

THU 112

A Network Analysis of PTSD Symptoms after a Mass Shooting: Connecting Initial Symptoms to the Worst

(Abstract #1393)

Poster #THU 112 (Res Meth, Acute, Sleep, Tech/Dis, Adult) M - Industrialized

Sullivan, Connor, Jones, Russell, Hughes, Michael
Virginia Polytechnic Institute and State University,
Blacksburg, Virginia, USA

Network analysis, which has been shown to be a useful strategy in analyzing Major Depression and Generalized Anxiety Disorder, carries the promise of improving treatment approaches and efficacy through identifying a complex symptom presentation. The current study was conducted to examine the connectedness and strength among PTSD symptoms to understand how mass trauma events may differ in their symptom development and continuation. The final sample (N = 1191) consisted of enrolled students who completed online surveys at two time points, 3–4 months and 1-year post-shootings. PTSD symptom severity was assessed using the Trauma Symptom Questionnaire (TSQ). In the second time point, individuals rated their worst symptom expression. A network analysis was conducted on a matrix of linear regressions where only the initial time point predicted follow-up measures. This analysis revealed that

problems sleeping had the highest out-degree (3.72). For the follow-up symptoms, nightmares had the highest in-degree (3.86). After a mass-trauma, problems relating to sleep may be key symptoms to investigate as they are highly connected to the other symptoms and have significant relationships with the other symptoms. The complexity of PTSD is highlighted by this study, and further causal analyses will need to be conducted using a similar approach to better understand the disorder.

THU 113

Exploring the Relationship between Attachment Style, Trauma, and Resilience (Abstract #2010)

Poster #THU 113 (Self-Care, Chronic, Global, Self-Care, Other) M - Global

Clements, Crystal¹, Nolt, Anne², Bosch, Donald²,
Buckwalter, Galen², Ock, Shin², Rensberger, Jared¹
¹Fuller Graduate School of Psychology, Pasadena,
California, USA

²Headington Institute, Pasadena, California, USA

Attachment theory suggests that early life experiences become responsible for the formation of internal, working models that guide one's self-perception as well as expectations of others. From these working models emerge four organized patterns of attachment styles that persist throughout adulthood. Since attachment style has been shown to mediate the relationship between trauma and resilience, we used Horowitz' (1991) attachment survey with a sample of 1,242 humanitarian aid workers from 112 different countries to obtain sense of self and of other scores. Both the sense of self and the sense of other correlated with levels of resilience, $ps < .0005$. Importantly, their sense of other--but not of self--was weaker when there had been more different types of personally experienced trauma events, whereas their sense of self--but not of other--tended to be weaker when there had been more types of vicarious events. These findings suggest that a stronger sense of self may foster resilience when one has personally gone through different types of trauma, but that a stronger sense of other may buffer effects of vicarious trauma. Increasing self-efficacy and bolstering true social support may therefore be important goals for humanitarian aid workers in stressful environments.

THU 114**Exploring Treatment Drop Out in the VA CPT Training Program**

(Abstract #356)

Poster #THU 114 (Train/Ed/Dis, Clinical Practice, Mil/Vets, Adult) I - Industrialized**Cogan, Chelsea¹**, Healy, Ellen¹, Chard, Kathleen², Ashton, Scot²¹VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA²Cincinnati VA Medical Center, Cincinnati, Ohio, USA

Cognitive Processing Therapy (CPT) is a manualized short-term therapy for posttraumatic stress disorder (PTSD) that has been part of a VA-wide Evidence-Based Psychotherapy (EBP) dissemination initiative since 2007. This initiative is a nationwide program designed to train VA mental health clinicians in empirically-supported treatments through in-person workshops and case consultation. Program evaluation data is collected from training participants while enrolled in case consultation. Demographic information and weekly PCL-S or PCL-5 scores are collected from patients during the case consultation process and submitted to the program for review. To date, data from 3566 Veterans receiving CPT have been submitted to the CPT Training Program, and of these, 2550 Veterans completed CPT and 891 dropped out of CPT. The characteristics of drop out from CPT will be examined, including a demographic analysis of who drops out of treatment, a comparison of the PCL scores entering treatment and upon drop out, and qualitative review of patient stated reasons for drop out. We will also examine the timing of patient drop out as it relates to the CPT protocol.

THU 115**mTBI Severity Complicates Symptom Picture in Iraq/Afghanistan Veterans Seeking PTSD Residential Treatment**

(Abstract #86)

Poster #THU 115 (Train/Ed/Dis, QoL, Mil/Vets, Adult) M - Industrialized**Sofko, Channing¹**, Currier, Joseph¹, Hill, Benjamin¹, Drescher, Kent²¹University of South Alabama, Mobile, Alabama, USA²The Pathway Home - California Transition Center for the Care of Combat Veterans, Menlo Park, California, USA

PURPOSE: This study was conducted (1) to examine differences in posttraumatic stress disorder (PTSD) symptoms, quality of life (QOL), and post-concussive symptoms (PCS) among veterans with varying grades of mild traumatic brain injuries (mTBIs); and (2) to test the additive role of PCS on QOL. **METHOD:** 226 Iraq/Afghanistan veterans who were admitted to a residential program for PTSD were assessed shortly following intake. A MANCOVA was conducted to examine QOL, PTSD symptom domains, and PCS across four mTBI groups. Three two-step multiple regression analyses were conducted. **RESULTS:** When controlling for combat exposure, ANCOVAs revealed that mTBI status was predictive of avoidance, hyperarousal, and PCS, but not re-experiencing. When controlling for combat exposure and PTSD symptoms, PCS were significantly linked with Physical and Psychological QOL, but not Social QOL. mTBI grade was significant in predicting outcomes with a general linear relationship emerging wherein mTBIs with loss of consciousness (LOC) were associated with greater PTSD symptoms, more PCS, and poorer QOL. **CONCLUSION:** These results suggest that PCS (possibly) associated with mTBI confers additive risk for poorer QOL for veterans with PTSD. LOC associated with a mTBI should be noted as it may increase the complexity of treatment among veterans seeking residential care for PTSD.

ASSESSMENT AND DIAGNOSIS

THU 116

The Amsterdam Sexual Abuse Case (ASAC) in Day Care Centers: A Study of Sexual Abuse in Very Young Children

(Abstract #235)

Poster #THU 116 (Assess Dx, CSA, Chronic, Child/Adol) - Industrialized

van Duin, Esther¹, Verlinden, Eva¹, Diehle, Julia¹, Verhoeff, Arnoud², Brilleslijper-Kater, Sonja³, Lindauer, Ramón¹

¹Academic Medical Center, University of Amsterdam, Amsterdam, Noord-Holland, Netherlands

²GGD Amsterdam, Amsterdam, Noord-Holland, Netherlands

³Academic Medical Center, Amsterdam, Noord-Holland, Netherlands

In the so called 'Amsterdam sexual abuse case' (ASAC) of 2010, numerous infants and very young children, mostly boys, were victimized by a daycare employee. The abuse was severe, occurred repeatedly and for prolonged periods of time, at the daycare center or at the child's home where the perpetrator had offered to babysit. In many cases, the perpetrator had disseminated pornographic material of the abuse on the internet. To date, little research is available on the consequences of sexual abuse at a very young age. A longitudinal study was set up to investigate the consequences of the abuse, including the impact of permanent pornographic images on the internet, on the children and their family. Parents of 46 children agreed to participate in six annual assessments starting from 2013. Preliminary results of the first assessment that took place in 2013 will be presented regarding symptoms of child's posttraumatic stress, dissociative symptoms, age inappropriate sexual behaviors and knowledge, behavioral problems, attachment disturbances, parental posttraumatic stress and partner relation. Results indicate that early childhood sexual abuse, when looking at the impact a few years after disclosure, mainly effects child's attachment, behavioral problems and parents' psychological well-being. Scientific and clinical implications will be discussed.

THU 117

Comparing Three Diagnostic Algorithms of Posttraumatic Stress in Young Children

(Abstract #237)

Poster #THU 117 (Assess Dx, Acc/Inj, Acute, Child/Adol) - Industrialized

Gigengack, Maj¹, van Meijel, Els¹, Alisic, Eva², Lindauer, Ramón¹

¹Academic Medical Center, University of Amsterdam, Amsterdam, Noord-Holland, Netherlands

²Monash University, Melbourne, Australia

Young children can develop posttraumatic stress disorder (PTSD), although symptoms may differ from those in older children. The DSM-IV PTSD criteria were seen as not developmentally sensitive enough for young children because they were based on research among adults and older children. The DSM-5 subtype for PTSD in children 6 years and younger and Scheeringa's alternative algorithm (PTSD-AA) aim to be better suited for young children. The objective of the present study was to explore diagnostic outcomes of the three algorithms in young child survivors of accidental trauma. Participants were parents of 98 children, aged 0-8 years, who were treated in a level I trauma center following an accident between 2006 and 2012. We conducted semi-structured telephone interviews in order to measure child posttraumatic stress symptoms (PTSS). The interviews incorporated relevant items from the Anxiety Disorders Interview Schedule for DSM-IV and the Diagnostic Infant and Preschool Assessment. A significant minority of the children showed substantial PTSS (9.2%). For young children, the DSM-5 and PTSD-AA algorithm appear to be better suited than the DSM-IV algorithm. Some DSM-IV symptoms were more troublesome for young children than others and additional symptoms came forward. Clinical implications for assessment of PTSD in young children will be discussed.

THU 118

Self-blame, Shame, and Guilt, Oh my!: Does Index Trauma make a Difference?

(Abstract #1241)

Poster #THU 118 (Assess Dx, Cog/Int, Adult) I - N/A

Vaught, Amanda, Cuccurullo, Lisa-Ann, Ball, Jacqueline, Walton, Jessica, Hallinan, Thomas, Franklin, C
Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

Changes to the DSM-5 criteria included the addition of D3 and D4; cognitions related to self/other blame and negation emotional stated, respectively. Several studies suggest that trauma type may influence endorsement of self-blame cognitions (Karl et al., 2009; Startup et al, 2007; Foa et al., 1999). Blaine et al. (2013) found that self-blame beliefs are more predictive of negative emotional reactions such as guilt and shame, which is consistent with cognitive theory (Beck, 1976). This study seeks to examine if

index trauma affects differing endorsements on D3 (cognitions related to self/other self-blame) and D4 (negative emotional experiences), especially related to reports of guilt and shame. Fifty treatment seeking Veterans were assessed using a modified version of the CAPS-5 that asked clinicians to categorize self versus other cognition (D3) and emotion type being endorsed on D4 (fear, horror, anger guilt or shame). Index traumas were coded by three clinicians and categorized using Life Events Checklist. Chi-square analyses will be performed to determine differences between trauma type, self-blame, and guilt and shame reactions. Results from this study will aid clinicians in better understanding the posttraumatic sequela of cognitive and emotional symptoms. Findings will be discussed in lieu of evidence based practice that addresses these symptoms.

THU 119
Psychometric Properties of the Parenting Sense of Competence Scale in Treatment-Seeking Post-9/11 Veterans

(Abstract #1769)

Poster #THU 119 (Assess Dx, Fam/Int, Mil/Vets, Adult) I - Industrialized

Bui, Eric¹, **Chen, Yang**², **Zakarian, Rebecca**², **Simon, Naomi**¹, **Ohye, Bonnie**²

¹Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA

²Massachusetts General Hospital, Boston, Massachusetts, USA

Although deployment-related stress impacts parenting skills, little is known about the psychometric properties of the Parenting Sense of Competence Scale (PSOC; Johnston & Mash, 1989) in post 9/11 returning veterans. As part of their clinical evaluation, 163 treatment-seeking OEF/OIF/OND veterans who reported being a parent (92% men; Mean age = 36.4, SD = 8.8) completed measures including the 16-item PSOC (range = 16-96), the Family Assessment Device - General Functioning (FAD; Epstein, Baldwin, & Bishop, 1983), and the Depression, Anxiety, and Stress Scale (DASS; Lovibond & Lovibond, 1995). Utilizing an IRB-approved de-identified data repository, we examined the psychometrics of the PSOC. In our clinical sample of veterans, PSOC score (Mean = 66.9, SD = 12.5) strongly correlated with family functioning ($r = -.55, p < 0.001$), and moderately correlated with depressive ($r = -.34, p < .001$), anxiety ($r = -.24, p < .001$), and stress ($r = -.22, p < .001$) symptoms, while Cronbach's alpha was 0.85. Exploratory factor analyses (principal factor with varimax rotation) revealed that a two-factor structure (satisfaction and efficacy) accounting for 77% of the variance was the best fit for the data. The PSOC

exhibited satisfactory psychometric properties in treatment-seeking veterans, and may be used by clinicians and researchers to assess parenting sense of competence in this population.

THU 120
General Functioning of Military Families Living in the Community: Relationships to Parental Distress and Parenting Sense of Competence

(Abstract #855)

Poster #THU 120 (Assess Dx, Mil/Vets, Child/Adol) - Industrialized

Bui, Eric¹, **Zakarian, Rebecca**², **Kelly, Hope**², **Simon, Naomi**¹, **Ohye, Bonnie**²

¹Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA

²Massachusetts General Hospital, Boston, Massachusetts, USA

Although combat deployments are marked by stress and anxiety for many military families (Chandra et al, 2011), little is known about the independent contribution of parenting sense of competence and parental distress to the functioning of military families. The present study aims to examine whether military family functioning is associated with parent's psychological symptoms and parenting sense of competence. Participants were military parents of children attending civilian elementary schools ($n=66$; mean(SD) age = 38.8(7.4); 62% women) assessed with the Parenting Sense Of Competence scale (PSOC; range 16-96), the Depression, Anxiety, and Stress Scale (DASS; range 0-126), and the Family Assessment Device - General Functioning (FAD; range 1-4). Overall, participants reported relatively low symptoms (mean(SD) DASS score = 18.0(19.6)), and scored within normal ranges on the PSOC (mean(SD) = 68.5(13.0)) and the FAD (mean(SD) = 1.6(0.5)). FAD score significantly correlated with PSOC score ($r = -.47, p < .001$) and with DASS score ($r = 0.38, p < .01$). A regression analysis controlling for age and gender revealed that DASS (beta = 0.31, $p = .01$) and PSOC (beta = -0.53, $p < .001$) were both independently associated with FAD. Our results suggest that, among military parents living off-base, both parenting sense of competence and parental distress significantly contributed to family functioning.

THU 121**School Based Intervention for Military Connected Children: Data from a Randomized Controlled Trial**

(Abstract #856)

Poster #THU 121 (Commun, Mil/Vets, Child/Adol) - Industrialized**Ohye, Bonnie**¹, Zakarian, Rebecca¹, Kelly, Hope¹, Simon, Naomi², Bui, Eric²¹Massachusetts General Hospital, Boston, Massachusetts, USA²Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA

Based on ecological models of resilience in childhood (Masten & Powell 2003), we have developed a civilian school-based intervention, "Staying Strong With Schools (SSWS)", to promote resilience in military children. SSWS aims to create direct support from teachers to military children, create support to military parents, and increase recognition and support to military children and families from the school community. It includes a 60-minute training for all school professionals at the beginning of school; and a year-long training and supervision of the school guidance counselor, whose role is to coordinate psychosocial support within the school. We will present data from an ongoing randomized controlled trial examining the efficacy of SSWS (5 active vs. 5 control schools). Outcomes are collected: at the school-teacher level (sense of competence in identifying and handling military children specific needs, and quality of relationships with military children); at the parental level (parental distress and sense of competence, and general family functioning); and at the military children level (social support and psychosocial functioning). To date, participants include: 40 teachers (84.6% women, mean (SD) age = 44.7 (10.6)), 57 military parents (62.5% women, mean (SD) age = 38.2 (8.5)), and 56 military children (60.7% girls, mean (SD) age = 8.2 (2.2)).

THU 122**Unique Versus Cumulative Effects of Physical and Sexual Assault on Patterns of Adolescent Substance Use**

(Abstract #1039)

Poster #THU 122 (Assess Dx, CPA, Health, Rape, Sub/Abuse, Child/Adol) A - Industrialized**Charak, Ruby**¹, Koot, Hans¹, Dvorak, Robert², Elklit, Ask³, Elhai, Jon⁴¹VU University, Amsterdam, North Holland, Netherlands²North Dakota State University, Fargo, North Dakota,

USA

³University of Southern Denmark, Odense, Denmark⁴University of Toledo, Toledo, Ohio, USA

The present study assessed the relation between unique versus cumulative relation of physical and sexual assault, with patterns of substance-use in adolescents. It was hypothesized that experiencing a single assault (physical or sexual) when compared with exposure to both physical and sexual assault would be related more to membership of heavy polysubstance-use classes. From the National Survey of Adolescents-1995 (N = 4,023) 918 adolescents (age range = 12-17 years, M = 14.92, 49.6% female) with reports of physical assault and sexual assault were selected. Using information on alcohol-use, cigarette-smoking, chewing tobacco, non-prescribed use of medicines, and drug use, latent class analysis indicated a three class solution for substance-use namely, Least polysubstance-use, Alcohol with heavy drinking, and single drug-use, and Heavy polysubstance-use. Multinomial logistic regression indicated that as compared to adolescents exposed to a single type of assault those exposed to physical and sexual assault were 2-3 times more likely to be in the heavy polysubstance-use class. Females were more likely to be members of the heavy polysubstance-use class than least polysubstance-use class. Gender did not emerge as a significant moderator. Assessing for single type or co-occurring assault can facilitate identification of adolescents at elevated risk for heavy polysubstance-use.

THU 123**Relationship between Levels of Adverse Childhood Experiences and Classroom Behavior among Kindergarteners**

(Abstract #67)

Poster #THU 123 (Assess Dx, Assess Dx, CPA, Prevent, Pub Health, Child/Adol) M - Industrialized**Johnson, David**

Yale University School of Medicine, New Haven, Connecticut, USA

This study examined the relationship between Adverse Childhood Experiences (ACE) and classroom behaviors of 262 kindergarteners in 11 classrooms in 4 schools in New Haven, CT. All kindergarteners in 4 schools were assessed using standardized measures on classroom behavior by their teachers, and independently assessed for adverse, stressful, and traumatic experiences by clinicians trained in trauma inquiry, via structured verbal questioning, and observation in a manualized play condition. Teachers rated 51% as below grade level, 12% major and 33% minor or infrequent

behavioral problems. 86% reported at least one ACE, and 77% demonstrated symptoms of anxiety or depression in the play condition. Events reported: physical punishment (45%), witness to physical punishment of others (36%), divorce of parents (35%), neglect or emotional abuse (14%), community gun violence (9%), death of family member (8%), incarceration of parent (8%). Most importantly, 47% of students reported moderate to high levels of ACEs and were judged by their teachers as having little or no behavioral problems in class. This result suggests that exposure to ACEs does not immediately result in overt symptomatology in school, resulting in exposed children not being identified for support services. A comprehensive screening for kindergarteners may be useful in early identification of toxic stress.

THU 124

Incidence of and Risk for Depression and Posttraumatic Stress Disorder in a Representative Sample of U.S. Reserve and National Guard

(Abstract #1217)

Poster #THU 124 (Assess Dx, Chronic, Depr, Pub Health, Mil/Vets, Other) M - Industrialized

Fink, David¹, Cohen, Gregory², Sampson, Laura³, Fullerton, Carol⁴, Gifford, Robert⁵, Galea, Sandro³

¹Columbia University, Mailman School of Public Health, New York, New York, USA

²Columbia University, New York, New York, USA

³Boston University, Boston, Massachusetts, USA

⁴Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

⁵Uniformed Services, University of the Health Sciences, Bethesda, Maryland, USA

Mental illness is prevalent in the U.S. armed forces. Nevertheless, no incidence studies have established risk and risk factors for first ever PTSD and depression in a military cohort, particularly in Reserve and National Guard service members, who compose nearly half of the total operational force. In this study, PTSD and depression were assessed annually in a nationally representative cohort of Reserve and National Guard forces sampled in 2009 (N=2003). We estimated the weighted annual prevalence, the cumulative incidence over 4 years, and the incidence density (cases per person-years) overall and according to several sociodemographic and military characteristics. During the 4 year follow-up period, incidence rates (IR) were 4.7 per 100 person-years for both PTSD and depression symptoms using the sensitive criteria, 2.9 per 100 person-years using the more specific criteria, and recurrence rates for both PTSD and depression were more than 4 times as high as incidence rates. The IRs were significantly higher among

respondents with past-year civilian trauma, but not past-year deployment. The finding that civilian trauma, but not past-year military deployment, is associated with an increased risk of PTSD and depression incidence suggest that military psychopathology could be driven by other, non-military, traumatic experiences.

THU 125

Preliminary Validation of a Novel Neuromarker for Diagnosis of PTSD and Assessment of PTSD Treatment Response

(Abstract #333)

Poster #THU 125 (Assess Dx, Assess Dx, Clinical Practice, Bio/Int, Prof) M - N/A

Kip, Kevin¹, Modarres, Mo¹, Girling, Sue¹, Hernandez, Diego¹, Wittenberg, Trudy¹, Rosenzweig, Laney²

¹University of South Florida, Tampa, Florida, USA

²University of South Florida, Orlando, Florida, USA

The Institute of Medicine has stated the need to identify and validate objective, neurological/physiological markers that can improve accuracy of PTSD diagnosis and objectively measure treatment response. We examined a set of neuromarkers based on coherence of pairs of scalp electroencephalography (EEG) among 9 male PTSD patients and 9 male control subjects. PTSD patients were studied before/after treatment with Accelerated Resolution Therapy (ART), an emerging evidence-based therapy. The test protocol consisted of multi-channel surface EEG during a 30-minute daytime nap. Surface EEG electrodes were attached to frontal, central, and parietal sites of the two hemispheres. A neuromarker from the right hemisphere and Gamma power coherence (range 0.0-1.0) between Parietal and Central sites (P4-C4) was higher (greater dysfunction) among PTSD patients compared to controls (0.35 vs. 0.11, $p < 0.05$). Importantly, the P4-C4 γ neuromarker was reduced (mean=0.24) after treatment with ART. For PTSD patients, the Pearson correlation between scores on the 17-item PCL-M (PTSD Checklist) and P4-C4 γ neuromarker was 0.82 ($p = 0.01$). Following treatment, reductions in PTSD scores were associated with percent decrease (improvement) in the neuromarker ($r = 0.77$, $p = 0.02$). These data suggest high potential for this neuromarker for objective diagnosis of PTSD and assessment of treatment response.

THU 126**Negative Affect Interference: Relationships to Childhood Trauma and Subjective Ratings for Emotionally Valenced Words**

(Abstract #1830)

Poster #THU 126 (Assess Dx, Affect/Int, CPA, Adult) M - Industrialized**Herzog, Sarah**¹, DePierro, Jonathan², Khedari, Vivian², D'Andrea, Wendy², Frewen, Paul³, Siegle, Greg⁴¹The New School, New York, New York, USA²New School for Social Research, New York, New York, USA³University of Western Ontario, London, Ontario, Canada⁴University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, USA

Growing evidence suggests that some individuals who have difficulty experiencing positive affect (anhedonia) report negative affect in situations that might otherwise bring pleasure. This phenomenon, called Negative Affective Interference (NAI), has been associated with early maltreatment and PTSD. The present expanded upon existing literature by examining relations among self-reported NAI, childhood trauma and subjective ratings of emotionally valenced words. Adult participants (N=86, Mean age=32, SD=11.22) drawn from a mixed clinical (n=59) and non-clinical (n=27) sample rated normed positive, negative, trauma-related and neutral words on valence, arousal, and self-relevance; and completed the NAI subscale of the Hedonic Deficit and Interference Scale and the Childhood Trauma Questionnaire (CTQ). Increased NAI and CTQ scores were related to less positive valence ratings for positive and neutral words, decreased personal relevance for positive words and increased relevance for negative and trauma-related words. A mediational analysis demonstrated that NAI fully mediated the relationship between early maltreatment and valence ratings for positive words. These findings provide further evidence for alterations in affective experience in individuals with early maltreatment and highlight the importance of NAI as a contributing factor.

THU 127**Assessing Childhood Maltreatment and Mental Health Correlates of Disordered Eating Profiles in a Nationally Representative Sample of English Females.**

(Abstract #1199)

Poster #THU 127 (Assess Dx, CPA, CSA, Adult) I - Industrialized**Armour, Cherie**¹, Mullerova, Jana¹, Fletcher, Shelley², Lagdon, Susan², Burns, Carol¹, Robinson, Martin¹¹University of Ulster, Coleraine, Northern Ireland, United Kingdom²University of Ulster, Coleraine, Co. Londonderry, United Kingdom

Previous research suggests that childhood maltreatment is associated with the onset of Eating Disorders (ED). In turn ED's are associated with alternative psychopathologies such as Depression and Posttraumatic Stress Disorder, and with Suicidality. Moreover it has been reported that various ED profiles may exist. The current study utilised a representative sample of English females (N = 4206) and assessed for the presence of disordered eating profiles using Latent Class Analysis. Subsequent to identifying the optimal number of latent classes we implemented multinomial logistic regression to assess if females reporting childhood sexual and physical abuse increased the likelihood of membership in disordered eating classes. Next we assessed if membership in disordered eating classes increased the likelihood that females would report PTSD, Depression, and Suicidality. Results supported those of previous findings in that we found 5 latent classes of which 3 were regarded as disordered eating classes. In addition, childhood sexual and physical abuse increased the likelihood of membership in disordered eating classes and these in turn increased the likelihood of adverse mental health and suicidal outcomes.

THU 128**A Systematic Literature Review of PTSD's Latent Structure in the Diagnostic and Statistical Manual of Mental Disorders**

(Abstract #1319)

Poster #THU 128 (Assess Dx, Assess Dx, Adult) I - N/A**Mullerova, Jana**¹, Armour, Cherie¹, Elhai, Jon²¹University of Ulster, Coleraine, Northern Ireland, United Kingdom²University of Toledo, Toledo, Ohio, USA

The factor structure of Posttraumatic stress disorder (PTSD) has been examined in numerous studies, but it had not been definitively established by the time of publication of the DSM-5. The current study examined PTSD's latent structure by systematically reviewing the extant DSM-IV and DSM-5 literature. One hundred and eight research papers were analysed. The review was restricted to studies published after 1994 that used confirmatory factor analysis (CFA) and DSM-based measures of PTSD. Four-factor models received substantial support in the DSM-IV studies of

PTSD's latent structure, but the five-factor Dysphoric Arousal model demonstrated the best fit. Analyses of moderating variables largely reflected the main findings. Early CFA studies on PTSD in DSM-5 suggested that the DSM-5 PTSD model was a good representation of PTSD's structure, however newly proposed 6-, and 7-factor models have recently been providing superior fit across trauma samples. The changes in the DSM-5 PTSD criteria were informed by some of the findings from the DSM-IV literature. However, based on findings regarding newly proposed 6- and 7-factor models, additional alterations may be needed in order for the DSM PTSD diagnostic criteria to reflect the true latent structure of the disorder.

THU 129

DSM-5 PTSD Symptom Clusters and Psychosocial Impairment

(Abstract #951)

Poster #THU 129 (Assess Dx, Mil/Vets, Adult) I - N/A

Kearns, Jaclyn¹, Erb, Sarah², Annunziato, Anthony², Black, Shimrit³, Marx, Brian⁴, Keane, Terence⁵

¹National Center for PTSD, VA Boston Healthcare System, Department of Psychology, Harvard University, Boston, Massachusetts, USA

²National Center for PTSD and VA Boston Healthcare System, Boston, Massachusetts, USA

³VA Boston Healthcare System, Boston, Massachusetts, USA

⁴National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

⁵VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA

Posttraumatic stress disorder (PTSD) symptoms are associated with psychosocial impairment. In light of recent DSM-5 revisions to PTSD symptom clusters, understanding the differential association of DSM-5 PTSD symptoms with psychosocial impairment would provide great clinical utility. This study examined the association between cluster-specific PTSD severity, as measured by the PTSD Checklist for the DSM-5 (PCL-5) and impairment, as measured by the Inventory of Psychosocial Functioning (IPF) and the Brief-IPF (B-IPF) among 1,651 combat-exposed veterans within the Veterans' After-Discharge Longitudinal Registry (Project VALOR). Due to high correlations among PTSD clusters, regression analyses were run separately for each PTSD symptom cluster. Cluster D (negative alternations in cognitions and mood) symptom severity explained the most unique variance in impairment on both the IPF ($R^2=.43$) and B-IPF ($R^2=.40$), followed by cluster E

(hyperarousal; $R^2IPF=.33$; $R^2B-IPF=.32$), cluster B (re-experiencing; $R^2IPF=.26$, $R^2B-IPF=.26$), and cluster C (avoidance; $R^2IPF=.21$, $R^2B-IPF=.23$). The same pattern was found for each of the 7 subscales of the IPF (Romantic Relationships, Family, Parenting, Friendships, Work, Education, Self-Care). These results suggest that new DSM-5 cluster D is especially predictive of impairment and provide evidence of the predictive validity of the B-IPF

THU 130

Examining the Relationship between Recent Suicidal Ideation, Depression, and PTSD in Veterans in VHA Inpatient Psychiatric Hospital

(Abstract #1743)

Poster #THU 130 (Assess Dx, Depr, Mil/Vets, Adult) I - N/A

Kearns, Jaclyn¹, Harris, Julia², Gorman, Kaitlyn³, Green, Jonathan⁴, Nock, Matthew⁵, Marx, Brian⁶

¹National Center for PTSD, VA Boston Healthcare System, Department of Psychology, Harvard University, Boston, Massachusetts, USA

²Harvard University, Cambridge, Massachusetts, USA

³Boston VA Healthcare System, Boston, Massachusetts, USA

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

⁵Harvard, Cambridge, Massachusetts, USA

⁶National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

Research has examined the association between posttraumatic stress disorder (PTSD) and suicidal ideation in veterans and shown that particular PTSD clusters are more strongly related to ideation than others. However, with the recent revisions to the PTSD diagnostic criteria in DSM-5, additional research is needed to explore how these revised criteria are related to suicidal ideation. This study examined the association between PTSD and suicidal ideation in the past month in an ongoing study of veterans (47.3% OEF/OIF, 55.7% male) admitted to a Veterans Healthcare Administration inpatient psychiatric unit. PTSD symptoms were measured using the PTSD Symptom Checklist for DSM-5 (Weathers et al., 2013), depression was measured by the Patient Health Questionnaire-9 (Kroenke, 2001) and frequency of suicidal ideation in the past month was assessed using the Self-Injurious Thoughts and Behaviors Interview (Nock et al., 2007). Linear regression analysis indicated significant relationships between depression symptoms, PTSD symptom clusters, and suicidal ideation in the past month. PTSD symptom cluster E (hyperreactivity; $F(3,303)=3.244$, $p=.032$) explained the most variance

in recent suicidal ideation. These results may provide important information about the associations among the PTSD symptom clusters and suicidal ideation. Additional cases will be added for analysis by November 2015.

THU 131

Impulsivity, Risk Taking Behaviors and PTSD in a College Population

(Abstract #1674)

Poster #THU 131 (Assess Dx, Health, Adult) I - Latin Amer & Carib

Netto, Liana¹, **Pereira, Juliana**², **Cavalcanti-Ribeiro, Patricia**¹, **Guedes, Gisela**³, **Nogueira, Jose Romulo**³, **Quarantini, Lucas**³

¹Universidade Federal da Bahia, Salvador, Bahia, Brazil

²Programa de Pós-graduação em Medicina e Saude, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Feira de Santana, Bahia, Brazil

³Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil. , Salvador, Bahia, Brazil

Individual differences in the tendency to restrain impulses, due to different aspects of impulsivity, underlie a wide range of psychiatric disorders such as substance abuse, suicide, eating disorders, personality disorders, bipolar disorder, anti-social behavior (Links et al, 1999) as well as other potentially risky behavior, as get in fight, break the law, engage in sexual risky behavior (Krueger et al, 2007). The aim of this study is to investigate the association between Impulsivity patterns based on BIS-11 cut-off with risk-take behaviors and PTSD. Methods: census study; 2213 subjects from 7 college institutions of 3 metropolitan Northeastern Brazilian regions. Instruments used: Clinical and Socio-demographic questionnaire; THQ; PCL-C; BIS-11. Results: Students with high impulsivity had about six times more PTSD than students with low impulsivity (12.4% to 2.3%). Among higher impulsivity subjects was also observed increased attempted suicide (14.8% to 2.9%), sexual risk behavior (26.7% to 7.1%) and alcohol daily use (1.6% to 0%) in comparison with normal impulsive ones. Conclusion: Results suggest that impulsivity is a relevant trait also in a non-clinical population, increasing the prevalence of PTSD and risky behaviors. Screening for impulsivity could be important strategy to prevent PTSD and deleterious consequences of it in the student's life span.

THU 132

Barratt Impulsivity Factors and PTSD Risk in College Students

(Abstract #1680)

Poster #THU 132 (Assess Dx, Illness, Adult) I - Latin Amer & Carib

Netto, Liana¹, **Pereira, Juliana**², **Cavalcanti-Ribeiro, Patricia**¹, **LIRA, SIDNEI**³, **Santos, Lene**⁴, **Quarantini, Lucas**³

¹Universidade Federal da Bahia, Salvador, Bahia, Brazil

²Programa de Pós-graduação em Medicina e Saude, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Feira de Santana, Bahia, Brazil

³Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil. , Salvador, Bahia, Brazil

⁴Federal University of Bahia, Brazil, Salvador, Bahia, Brazil

Barratt proposed one of the most influential models in the explanation of impulsive behavior, and the first and most widely self-report measure of impulsiveness. The BIS scale was designed to measure 3 theoretical subtraits of impulsivity: Attentional, Motor, Non-Planning (NP). The majority of studies using BIS-11 have ignored the second-order subscale, leading to a less accurate perspective in the characterization of an individual impulsiveness, and it's relationship with different disorders. We investigated the association between impulsivity factors and risk for PTSD in a non-clinical population: 2213 subjects from 7 college institutions of 3 metropolitan Brazilian regions. Instruments: Socio-demographic questionnaire; THQ; PCL-C; BIS-11. Among the three factors of impulsivity, the Attentional presented the highest vulnerability for PTSD development (OR: 2.27; 95% CI 1.60 - 3.21); 48% of the students who were classified as more attentionally impulsive presented PTSD. Higher levels of the NP factor did not show a considerable risk for PTSD. A lower Motor impulsivity level was frequent and was associated with lower prevalence of PTSD. Attentional factor could be a general process underling personality trait of impulsiveness. Strategies to improve the Attentional system in young adults could be helpful to manage impulsivity and prevent mental illness.

THU 133**Emotion Regulation Correlates of the Dysfunctional Sexual Behavior Scale in the Original and Revised Trauma Symptom Inventory: Implications for Assessment**
(Abstract #922)**Poster #THU 133 (Assess Dx, Affect/Int, CPA, CSA, Rape, Adult) I - Industrialized****Messman-Moore, Terri¹, Kaplinska, Julia¹, Eshelman, Lee¹, Dykstra, Rita², Gratz, Kim³, DiLillo, David²**¹Miami University, Oxford, Ohio, USA²University of Nebraska - Lincoln, Lincoln, Nebraska, USA³University of Mississippi Medical Center, Jackson, Mississippi, USA

The Trauma Symptom Inventory (TSI) assesses dysfunctional sexual behavior (DSB) that may involve using sex as an emotion regulation strategy. In the revised TSI the DSB scale is shorter, eliminating emotion-related items. The primary aim of the current study was to compare two versions of the DSB scale in relation to trait emotion regulation variables and coping sex motives among 490 community women who completed surveys and clinical interviews. Approximately 14.5% (n=71) and 10.6% (n=52) of women met clinical criteria for DSB on the the original and revised TSI respectively. On both versions, clinical DSB was associated with higher experiential avoidance, negative emotion intensity, impulsiveness, emotion nonacceptance, coping sex motives, and lower emotion reduction, self-control, and clarity. The original DSB scale was also associated with lower emotion awareness, expression control, and cognitive complexity. A stepwise logistic regression model predicting revised DSB included coping sex motives but no emotion regulation variables, whereas the model predicting original DSB included self-control, emotion nonacceptance, and coping sex motives. Findings suggest the original DSB scale has a stronger association with impaired emotion regulation, although both scales are associated with using sex to cope with negative affect. Implications for assessment will be discussed.

THU 134**The Impact of Trauma and Attachment Style on Fear and Helplessness in the Parenting Role**
(Abstract #1837)**Poster #THU 134 (Assess Dx, CPA, Fam/Int, Prevent, Intergen, Adult) I - Industrialized****Calvert, Maegan¹, Petretic, Patricia, Berman, Ilana, Chowdhury, Shaoni**
University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA

Research indicates there is an intergenerational transmission of trauma (ITT) whereby the parents' past experiences and current symptoms affect child outcomes via parents' representations, behaviors, and affect modulation. Because aspects of parenting are considered potential driving forces in ITT, the current study explored the relations between child abuse, trauma symptoms, attachment style, and fear and helplessness in the parenting role. Participants included women (N = 156; 84% Caucasian; Mean age = 33) who completed an on-line survey regarding trauma, life experiences, and parenting. Regression analyses indicated that child abuse predicted ($p < .01$) fear and helplessness in the parenting role. However, child abuse was no longer significant after trauma symptoms (TS), attachment anxiety (AAn), and attachment avoidance (AAv) were included in the model. Trauma symptoms, AAn, and AAv predicted 31% of the variance in helplessness ($p < .01$), and TS and AAn predicted 32% of the variance in fear ($p < .01$). These results suggest parents' past experiences, current symptoms, and ways of relating may increase difficulties in the parenting role. Clinical implications include assessing parents for trauma, symptoms, and attachment difficulties, and empirically supported treatments that address all of these domains (e.g., Child-Parent Psychotherapy) may help to reduce the ITT.

THU 135**Micro RNA and Gene Dysregulation in PTSD**
(Abstract #2069)**Poster #THU 135 (Assess Dx, Bio Med, Prevent, Genetic, Adult) M - Global****Donohue, Duncan¹, Yehuda, Rachele², Marmar, Charles³, Hood, Leroy⁴, Jett-Tilton, Marti⁵**¹US Army Research Institute of Environmental Medicine, Ft Detrick, Maryland, USA²J. J. Peters Veterans Affairs Medical Center; Mount Sinai School of Medicine, Bronx, New York, USA³New York University School of Medicine, New York, New York, USA⁴Institute for Systems Biology, Seattle, Washington, USA⁵US Army CEHR, Fort Detrick, Maryland, USA

Posttraumatic Stress Disorder (PTSD) is a devastating anxiety disorder which can develop following a violent or traumatic event. Existing diagnostic methods are largely subjective and molecular diagnostic and prognostic molecular markers are urgently needed so that the disease can

be quickly identified and effectively treated. Systems biology methods were adapted to integrate peripheral blood mononuclear cell mRNA and microRNA expression levels to better understand the underlying molecular etiology, and identify more informative biomarker candidates associated with the development and progression of PTSD. Many biological pathways were perturbed at the gene expression level between PTSD sufferers and matched controls, including circadian rhythm, wound healing, and neurotransmitter uptake. Integrative analysis on mRNA and miRNA data revealed that cell death and neurological disease are the two key functions involving dysregulated miRNAs. This work is an important first step in elucidating the molecular processes involved in PTSD development and identifying optimal biomarker panels to detect and monitor the progression of PTSD and in predicting and measuring treatment outcome and efficacy. **DISCLAIMER:** Research was conducted in compliance with all Federal requirements. Views expressed are those of the authors and do not constitute endorsement by the U.S. Army.

THU 136

Convergence of Self, Close Other, and Clinician Reports of Posttraumatic Stress Disorder Symptoms acutely following Trauma
(Abstract #871)

Poster #THU 136 (Assess Dx, Acute, Prevent, Res Meth, Adult) I - Industrialized

Ennis, Naomi, Sijercic, Iris, Wanklyn, Sonya, Monson, Candice
Ryerson University, Toronto, Ontario, Canada

Multimethod assessment is best practice in evaluating traumatized individuals (TIs). Although there is a literature examining the concordance between TIs' and intimate partners' self-report measures of posttraumatic stress disorder (PTSD), past studies have predominately compared agreement among veterans and their spouses, and without clinician interview. The present study compared PTSD symptom severity according to clinician interview, as well as TIs and a range of close others (COs), in a civilian sample of trauma-exposed individuals who experienced a trauma within the past 6 months. TIs (N = 122) and COs (N = 122) completed the PTSD checklist (PCL-TI; PCL-CO). TIs were assessed using the Clinician-Administered PTSD Scale (CAPS). Results indicated positive significant correlations between all PCL-TI, PCL-CO and CAPS total and symptom cluster scores. However, the strongest correlations were between PCL-TI and CAPS total scores, $r = .79$, $p < .001$, while weaker correlations were observed for reexperiencing symptoms, PCL-CO and CAPS, $r = .35$, $p < .001$; PCL-TI and CO, $r = .40$, $p < .001$. These findings support previous research suggesting that reexperiencing symptoms may be harder

for loved ones to observe and report. This study substantiates the use of multi-method assessments of PTSD in research and clinical work.

THU 137

Support for the 7-Factor Hybrid Model of PTSD Using the PCL-5 in a Community Sample
(Abstract #456)

Poster #THU 137 (Assess Dx, Res Meth, Adult) M - Industrialized

Seligowski, Antonia, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois, USA

Background: Research suggests that 4-factor models of PTSD may be improved upon by the addition of novel factors, such as dysphoric arousal, externalizing behaviors, and anhedonia. However, a novel 7-factor Hybrid model has demonstrated superior fit in veteran and undergraduate samples. The current study sought to replicate this finding in a trauma-exposed community sample and examined relations with negative affect. Method: Participants included 403 adults (Mage = 37.75) recruited through Amazon's MTurk. Measures included the PTSD Checklist-5 and the Negative Affect scale of the Positive and Negative Affect Schedule (PANAS-NA). Confirmatory factor analyses were conducted in Mplus. Results: The 7-factor Hybrid model demonstrated good fit: CFI = .96, TLI = .95, RMSEA = .06 (90% CI .05-.07), SRMR = .03. This model was superior to the 5- and 6-factor models. Lastly, the PANAS-NA demonstrated significant relations with all factors, the largest of which were the Negative Affect ($r = .61$) and Externalizing Behaviors ($r = .64$) factors. Conclusion: Results provide support for the 7-factor Hybrid model of PTSD in a community sample. The findings replicate previous research suggesting that PTSD is highly related to negative affect, which has been purported as an underlying dimension of PTSD. It is recommended that future research use clinical measures to further examine the Hybrid model.

THU 138

Factorial Invariance of the PCL-5 across Trauma Types
(Abstract #1486)

Poster #THU 138 (Assess Dx, Clinical Practice, Res Meth, Adult) I - N/A

Boykin, Derrecka, Seligowski, Antonia, Himmerich, Sara, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois, USA

The PTSD Checklist (PCL-5) is a widely used self-report measure of PTSD symptoms that was recently revised to be consistent with DSM-5. The PCL-5 proposes a four-factor latent structure of symptoms in contrast to the traditional three-factor model of PTSD proposed in previous versions of the DSM. Given evidence that the factor structure of the previous version of the PCL differed across trauma types (e.g., Mansfield, Williams, Hourani, & Babeu, 2010), the present study sought to examine the factorial invariance of the current PCL-5 across two trauma groups (i.e., interpersonal trauma, non-interpersonal trauma). Data were obtained from a sample of trauma-exposed adults via Amazon's mechanical turk (N = 364). Participants described an index trauma that was referenced while completing the PCL-5. Participants were categorized according to whether their index event was related to interpersonal trauma (IPT; n = 154) or non-interpersonal trauma (non-IPT; n = 210). The configural invariance models were equivalent after items 17 and 18 were allowed to covary (IPT: CFI = .90, RMSEA = .08; non-IPT: CFI = .89, RMSEA = .08). Using a forward sequential approach, results showed that the PCL-5 had metric invariance, or equivalent factors loadings across groups. The absence of scalar invariance suggests the possibility of item bias (Dimitrov, 2010). Further implications will be discussed.

THU 139

A Comparison of DSM-5 PTSD Symptom Structure in Veterans with Assaultive vs. Non-Assaultive Trauma Histories

(Abstract #604)

Poster #THU 139 (Assess Dx, Res Meth, Mil/Vets, Adult) M - Industrialized

Claycomb, Meredith¹, Charak, Ruby², Elhai, Jon¹, Pietrzak, Robert³

¹University of Toledo, Toledo, Ohio, USA

²VU University, Amsterdam, North Holland, Netherlands

³Yale University School of Medicine, National Center for PTSD, West Haven, Connecticut, USA

DSM-5's introduction of a four-factor structure for posttraumatic stress disorder (PTSD) calls for investigation into whether this structure could differ due to trauma type. Participants were a subsample drawn from 1,256 U.S. military veterans that participated in the National Health and Resilience in Veterans Study, who reported a history of trauma exposure, and rated PTSD symptoms based on their worst trauma using the PTSD Checklist-5 (PCL-5). Participants were divided into two groups characterizing self-reported "worst" trauma: Assaultive (n=165) and Non-Assaultive (n=222). Confirmatory factor analyses (CFAs) using weighted least squares

estimation were conducted to evaluate DSM-5's PTSD factor structure in both groups. For the Assaultive Trauma group, CFAs suggested a well-fitting model (robust $\chi^2(df = 164, N = 165) = 229.98, p < .001$, CFI = .98, TLI = .98, RMSEA = .05); and a well-fitting for the Non-Assaultive Trauma group, (robust $\chi^2(df = 164, N = 222) = 293.20, p < .001$, CFI = .97, TLI = .97, RMSEA = .06). We tested measurement invariance of DSM-5's PTSD factor structure between groups. Results revealed no differences on factor loadings or thresholds, indicating factors were similar across groups, and severity of endorsement was equivalent. Results suggest that factor structure of DSM-5 PTSD symptoms may transcend trauma type.

THU 140

The Posttraumatic Cognitions Inventory Psychometric Replication in a Veteran Sample

(Abstract #1938)

Poster #THU 140 (Assess Dx, Res Meth, Mil/Vets, Adult) I - N/A

Wells, Stephanie¹, Vo, Kathy², Savage, Ulysses², Mackintosh, Margaret-Anne³, Morland, Leslie³

¹UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California, USA

²VA Health Care System, La Jolla, California, USA

³National Center for PTSD- Pacific Island Division, Pacific Island Healthcare System, Honolulu, Hawaii, USA

Negative posttraumatic cognitions have been proposed to influence individuals' responses to traumatic events. Posttraumatic cognitions (e.g., I am incompetent, the world is completely dangerous) may contribute to the development of posttraumatic stress disorder (PTSD) and maintain symptoms through maladaptive behaviors. The Posttraumatic Cognitions Inventory (PTCI) was developed to assess posttraumatic cognitions in trauma survivors. The PTCI has been administered in a variety of trauma populations (e.g., sexual assault, motor vehicle accident [MVA] survivors) and has demonstrated strong psychometrics. To date, there has only been one psychometric replication study, in a sample of MVA survivors, since the development of the measure. Although the PTCI is currently being used in veteran samples, no studies have examined the psychometric properties of the PTCI in a veteran sample. The current study will examine internal consistency, criterion validity, convergent validity and discriminative validity of the PTCI in a sample of 146 male and female veterans. A confirmatory factor analysis will be conducted to examine the factor structure of the PTCI. Veterans will be from two, large completed randomized controlled trials for PTSD. The

results from the current study will inform future assessment practices and help determine if the PTCI is reliable and valid in veterans.

THU 141
Including Exogenous Variables in Structural Equation Models to Evaluate and Validate Dimensions of PTSD Symptoms
 (Abstract #230)

Poster #THU 141 (Assess Dx, Bio Med, Bio/Int, Res Meth, Mil/Vets, Adult) M - Industrialized

Sheerin, Christina¹, Franke, Laura², Aggen, Steven³, Kevorkian, Salpi³, Walker, William⁴

¹Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA

²Richmond VA Medical Center, Richmond, Virginia, USA

³Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

⁴Virginia Commonwealth University, Richmond, Virginia, USA

Literature investigating the factor structure of the PTSD Checklist (PCL) has highlighted the heterogeneity of PTSD symptom presentations. A biological variable, electroencephalography (EEG), was used as an exogenous validator to test for distinctiveness among dimensions of PTSD symptoms. The sample (147 combat-exposed male OIF/OEF veterans and active duty service members) completed the PCL. Resting-state EEG was assessed for 10 minutes, eyes closed. Absolute power in 5 frequency bands (delta, theta, alpha, beta, gamma) was computed to create wave profiles at 19 electrode sites. Four regional averages were created as indicators (R, L frontal and occipital-temporal areas). A confirmatory factor analysis supported a 4-factor model ($\chi^2(113)=236.87$, $p<.001$, CFI=.967, TLI=.961, RMSEA=.086). An oblique 4 common factor model with the EEG factor as an exogenous predictor was fit, with separate models for alpha, delta, and theta EEG factors, based on previously observed associations between these bands and PTSD. Significant, negative paths were found for delta band predicting avoidance ($\beta=-.196$, $p=.03$) and numbing ($\beta=-.252$, $p=.002$), with a similar pattern for the theta band. Results demonstrate evidence for distinct neural processes underlying avoidance and numbing versus other factors. Future work may provide insight into symptom presentations and targeted treatment efforts.

THU 142
Are TBI Symptoms Specific to TBI?
 (Abstract #705)

Poster #THU 142 (Assess Dx, Mil/Vets, Adult) M - Industrialized

Larsen, Sadie¹, Lorber, William¹, deRoon-Cassini, Terri²

¹Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin, USA

²Medical College of Wisconsin, Milwaukee, Wisconsin, USA

Background: The VA and DoD both use the Neurobehavioral Symptom Inventory (NSI) as a self-report measure of current postconcussive symptoms. Recently some authors have raised concerns about whether the NSI can accurately identify symptoms uniquely associated with TBI. In the present study, we assessed 1) to what extent TBI history predicts NSI symptoms and 2) to what extent other mental health syndromes predict NSI symptoms. Method: Participants were US National Guard troop members (90% male, 88% white) who completed measures immediately post-deployment (T1; $n = 760$) and six months later (T2; $n = 216$; $n = 64$ both time points). At each time point, service members self-reported experiences of TBI as well as the NSI, PTSD Checklist, and Beck Depression Inventory. Results: Self-reported experience of TBI predicted NSI symptoms at the same time point but not at a later time-point ($T1 R^2 = .24$; $T2 R^2 = .22$; $T1$ to $T2 R^2 = .10$). However, depression and PTSD symptoms were stronger predictors of NSI symptoms. Indeed, when T1 PTSD, depression and TBI were entered in a regression simultaneously, T1 PTSD symptoms were the only significant predictor of T2 NSI. Conclusions: Although the NSI is predicted by self-reported TBI, it is not uniquely associated with TBI; other mental health conditions may significantly overlap with and affect reports of TBI-related symptoms.

THU 143
"Don't Treat it Like a Task List:" Veterans' Perspectives on Improving Screening for Military Sexual Trauma
 (Abstract #228)

Poster #THU 143 (Assess Dx, Clin Res, Clinical Practice, Rape, Mil/Vets, Adult) I - Industrialized

True, Gala¹, Ono, Sarah², Zickmund, Susan³, Mengeling, Michelle⁴, Burkitt, Kelly³, Sadler, Anne⁵

¹Philadelphia VA Medical Center, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

²Department of Veteran Affairs, Portland, Oregon, USA

³*Department of Veteran Affairs, Pittsburgh, Pennsylvania, USA*

⁴*CADRE, Iowa City VA Health Care System, Iowa City, Iowa, USA*

⁵*Iowa City VAMC--CADRE, Iowa City, Iowa, USA*

Military sexual trauma (MST)—sexual assault or repeated, threatening sexual harassment that occurs while in the military—is linked with a range of physical, mental, and psychosocial sequelae. Given the importance of detecting and treating MST, the Veterans Health Administration (VHA) proactively instituted universal screening in 2002. However, MST disclosure at VHA is low compared with rates reported in the literature. We elicited Veterans' experiences and perspectives on being asked about MST, including perceptions of VHA's screening questions and the context and manner in which they are asked, with the goal of identifying Veteran-generated suggestions for examining and improving processes around MST detection and referral to care. We conducted semi-structured, in-person qualitative interviews with 76 Veterans (38 men, 38 women) at geographically diverse VHA facilities. Veterans identified key barriers to disclosing MST in clinical settings including lack of trust or rapport with the person asking the questions, concerns about confidentiality, and being asked about MST in ways that felt insensitive. Veterans' insights about how to improve VHA's MST screening process focused on framing and timing, and have important implications for patient-centeredness and clinical care for persons who have experienced sexual trauma whether they seek care within or outside the VHA.

THU 144 **Psychometric Properties of the Warrior Identity Scale** (Abstract #860)

Poster #THU 144 (Assess Dx, Cul Div, QoL, Mil/Vets, Adult) I - Industrialized

Lancaster, Steven¹, Hart, Roland²

¹*Drake University, Des Moines, Iowa, USA*

²*New York University School of Medicine, New York, New York, USA*

A recent study (Lancaster & Hart, 2015) has provided preliminary support for a new measure of military identity, the Warrior Identity Scale. This multidimensional scale aims to assess a wide range of identity related domains (pride in military service, seeing the military as a family, etc.) with the goal of better understanding which aspects of identity are related to positive and negative functioning after military service. While these early results are promising, the measure has yet to be examined using broad psychometric analyses. The current study aims to examine the internal reliability, factor structure, and

convergent validity of the Warrior Identity Scale using an online sample of Veterans recruited using the Amazon MTurk system. Previous research (Lynn, 2014) has provided support for recruitment of Veteran participants using this system. The overall aim of this line of research is to establish a well validated measure of identity in US military Veterans which will allow for more systematic study of this phenomenon. In particular, which aspects of identity are associated with positive and negative functioning and to what degree might these domains of identity be amenable to change. Both the research (to what degree does identity related to functioning) and clinical (how might domains of identity be utilized during treatment), will be discussed.

THU 145 **Eating Disorders and Psychiatric Comorbidities among Female Veterans** (Abstract #1491)

Poster #THU 145 (Assess Dx, Clinical Practice, Mil/Vets, Adult) I - Industrialized

Hebenstreit, Claire¹, Dinh, Julie², Donalson, Rosemary², Dalton, Sarah¹, Maguen, Shira¹

¹*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

²*San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA*

Veterans with psychiatric conditions such as posttraumatic stress disorder (PTSD) and depression are more likely to have eating disorders. However, further research is required to examine associations between particular eating disorders and common psychiatric conditions among female veterans, a rapidly growing segment of Veterans Health Administration (VA) users who have higher rates of eating disorders than male veterans. Female veterans (N = 233) were recruited from one VA medical center to complete surveys related to current mental health symptoms. Logistic regressions determined which psychiatric conditions (PTSD, depression, or alcohol misuse) were most strongly associated with binge eating and anorexia/bulimia. Over one quarter (27.3%) reported probable PTSD, 28.1% reported probable depression, 8.4% reported alcohol misuse, 26.6% reported probable anorexia/bulimia, and 8.8% reported binge eating. Depression (OR = 3.4, 95% CI=1.0-11.6, p < .05) was significantly associated with binge eating, while PTSD (OR = 3.4, 95% CI=1.5-7.7, p < .01) was significantly associated with probable anorexia/bulimia. Identifying associations between particular eating disorders and common psychiatric conditions will enhance our understanding of the service needs of female veterans, and can help to guide the development of standardized eating disorder assessment and treatment protocols.

THU 146**Prevalence of Aggression and Relationship to PTSD Symptom Severity in Iraq and Afghanistan Combat Veterans Using a Multidimensional Scale**

(Abstract #241)

Poster #THU 146 (Assess Dx, Aggress, Clin Res, Mil/Vets, Adult) I - Industrialized**Myers, Ursula**¹, Haller, Moira², Angkaw, Abigail³, Norman, Sonya⁴¹San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, California, USA²VA San Diego Healthcare System, San Diego, California, USA³San Diego VA/University of San Diego, San Diego, California, USA⁴National Center for PTSD, San Diego, California, USA

PTSD is associated with an increased risk of aggressive behavior among Iraq and Afghanistan Veterans. However, much of the research has used single item measures of aggression, has not examined aggression severity, and has not teased apart different types of aggression such as verbal, physical toward objects, physical toward others, and physical toward self. This study aims to examine the relationship between PTSD symptom severity (PTSD checklist scores; PCL) and type and severity of aggression (multidimensional Retrospective Overt Aggression Scale; ROAS) in 220 Iraq and Afghanistan combat Veterans seeking outpatient PTSD treatment. In the previous month, 90.9% of Veterans reported verbal aggression, 64.1% reported aggression toward objects, 25.9% reported aggression toward others, and 30.9% reported aggression toward self. Negative binomial regressions indicated that PTSD symptom severity was significantly positively associated with severity of verbal aggression ($B = .04, p < .001$), aggression toward objects ($B = .03, p < .001$), and aggression toward self ($B = .02, p = .025$). The association between PTSD symptoms and severity of aggression toward others was non-significant ($B = .02, p = .097$). This study underscores the need to measure aggression as a multidimensional construct to allow for a better understanding of the prevalence and relationship to PTSD symptoms.

THU 147**MMPI-2-RF Characteristics of Veterans Seeking Treatment for Military Sexual Trauma**

(Abstract #750)

Poster #THU 147 (Assess Dx, Health, Rape, Mil/Vets, Adult) M - Industrialized**McManus, Eliza**, Cuccurullo, Lisa-Ann, Piazza, Vivian, Uddo, Madeline
Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

Nationally representative studies estimate that 1.1% of male and 21.5% of female Veterans have experienced Military Sexual Trauma (MST) (e.g., Kimmerling, et.al., 2007). As more Veterans are screened and referred for MST treatment, objective measures of personality may be useful to aid in understanding of the longstanding personality effects of a MST event, diagnostic clarity, and treatment planning. The Minnesota Multiphasic Personality Inventory-2-Revised Form (Ben-Porath and Tellegen, 2008) was administered to 25 Veterans seeking treatment in a Military Sexual Trauma clinic at a Veterans Health Care System, as part of an ongoing MST program analysis that will continue until October 2015. The average age was 44 and the sample was primarily female (75%), African American (61%), and a Veteran of the United States Army (55%). Results indicate that the sample reported significant elevations on scales of Somatic Complaints (RC1), Low Positive Emotions (RC2), and Demoralization (RCd). Results from the larger data set that will be completed later this year, (expected $n=50$) and will be analyzed. These results are to be the initial step in developing a MST profile within the MMPI-2-RF; in addition implications for clinical practice and treatment will be discussed.

THU 148**Prevalence of PTSD across Time: A Follow-Up Study among Governmental Employees after the 2011 Oslo Bombing**

(Abstract #1261)

Poster #THU 148 (Assess Dx, Health, Terror, Adult) M - Industrialized**Hansen, Marianne**¹, Nissen, Alexander², Birkeland, Marianne¹, Blix, Ines¹, Fjeld-Solberg, Øivind¹, Heir, Trond¹¹Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway²Norwegian Centre for Violence and Traumatic Stress Studies and University of Oslo, Oslo, Norway

OBJECTIVE: Workplace terror has occurred with several incidents over the last decades. This study assess the trajectories of PTSD in a longitudinal perspective after a work place terror attack, and furthermore, examine the prevalence and course of PTSD among employees who were present versus not present at the time of an attack. **METHODS:** Data comprised survey data from ministerial employees at three time points after the 2011 Oslo terror attack. Sample comprised those responding at each time point (T1, n=1933, T2, n=1736, T3, n=1515), and all three time points (n=937). PTSD was measured after 10, 22 and 34 months. **RESULTS:** PTSD prevalence decreased significantly from 10 to 22 months in employees who were present in the governmental district. No significant changes were found over time in the other groups. PTSD was both more prevalent and stable among the directly exposed employees. At the same time, the absolute number of PTSD diagnoses was higher among those not present. Assessment of the PTSD trajectories revealed fluctuations in both groups. **CONCLUSIONS:** The fluctuating course of PTSD after a terror attack as well as the presence of PTSD among individuals not directly exposed may be crucial in targeting and timing clinical interventions in the aftermath of traumatic events.

THU 149
Perceived Life Threat and PTSD in
Individuals Directly and Indirectly Exposed
to Terror
 (Abstract #1321)

Poster #THU 149 (Assess Dx, Health, Terror, Adult) M - Industrialized

Heir, Trond , Blix, Ines
 Norwegian Center for Violence and Traumatic Stress
 Studies (NKVTS), Oslo, Norway

Objectives: According to theories of counterfactual thinking humans tend to create possible alternatives to life events that have already occurred. In the present study we hypothesized that even people who were not directly exposed to a terror attack, in retrospect may think that their life was in danger. Further, we hypothesized that this perception of life threat was associated with PTSD. **Methods:** Participants were ministerial employees of whom 204 had been present and 1719 had not been present at the time of the 2011 Oslo bombing. We assessed perceived life threat by the question "How great do you think the danger was that you would die?" and the prevalence of PTSD by the PCL-S self-report instrument 10 months after the event. **Results:** High perceived life threat, i.e. the belief that one's life was in great or overwhelming danger was reported by 374 employees (22%) who had not been present, and 133

employees (65%) who had been present when the bomb exploded ($p < 0.001$). There was a strong association between perceived life threat and the prevalence of PTSD regardless of whether employees had been present during the bomb explosion or not. **Conclusion:** A considerable part of individuals not directly exposed to a traumatic event may think that their life has been in danger. Counterfactual thinking may explain why some individuals develop PTSD although they were not directly exposed.

THU 150
Perceptions of Domestic Violence by South
Indian Women: Effects, Coping and What
Might Help
 (Abstract #462)

Poster #THU 150 (Assess Dx, Chronic, Depr, Health, Adult) I - S Asia

D'Silva, Sahana , Frey, Sarah, Kaysen, Debra, Rao, Deepa
 University of Washington, Seattle, Washington, USA

In this cross-sectional mixed methods study, we explored the perceptions of fifteen pregnant South Indian women from two clinics who reported experiencing some level of domestic violence (DV). We used dimensional analysis frameworks to guide two-coder qualitative analysis. On quantitative measures, women from the public hospital reported more psychological and physical abuse than those from the private hospital, and all women denied sexual abuse. *Yet in qualitative responses, several women described sexual abuse.* Two women reporting severe abuse had strong social support that appeared to protect them from traumatic symptoms. Alcohol abuse in husbands and families, economic dependence on husbands, and cultural justifications based on shame and fatalism, appeared to perpetuate DV. In interviews, many women described behavior changes, negative thought patterns, and somatization – *symptoms which are not captured on the PTSD symptom checklist.* Interviews revealed positive and negative coping behaviors, and internal and external resilience factors such as self-confidence, education and family support. The women suggested further support within health systems including mental health access, assistance with gaining financial independence, and increasing community awareness and support for abused women.

THU 151**The Relationship between Rumination, PTSD Symptom Clusters, and Depression Symptoms**

(Abstract #64)

Poster #THU 151 (Assess Dx, Depr, Adult) I - Industrialized

Roley, Michelle¹, Claycomb, Meredith¹, Contractor, Ateka¹, Dranger, Paula², Armour, Cherie³, Elhai, Jon¹

¹University of Toledo, Toledo, Ohio, USA

²Valparaiso University, Valparaiso, Indiana, USA

³University of Ulster, Coleraine, Northern Ireland, United Kingdom

Background: Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are highly comorbid¹. Rumination is a cognitive mechanism found to exacerbate and maintain both PTSD and MDD^{2,3}. Aims: Assess whether four rumination subtypes moderate the relationship between comorbid PTSD and MDD symptoms. Method: We consecutively sampled patients (N = 45) presenting to a mental health clinic using self-report measures of PTSD and MDD symptoms, and rumination. Results: Repetitive rumination moderates the relationship between PTSD and MDD symptoms at one standard deviation above the mean ($\beta=.044$, $p=.016$), while anticipatory rumination moderates the relationship between PTSD and MDD symptoms at mean levels and higher levels of anticipatory rumination (mean $\beta=.030$, $p=.042$; higher $\beta=.060$, $p=.008$). Conclusions: Repetitive and anticipatory rumination should be assessed in the context of comorbid PTSD and MDD and interventions should focus on reducing these rumination subtypes.

THU 152**The Impact of Facets of Distress Tolerance on PTSD and Substance Use Symptom Severity among Treatment-Seeking Veterans with Co-occurring PTSD and Substance Use Disorders**

(Abstract #378)

Poster #THU 152 (Assess Dx, Anx, Sub/Abuse, Adult) I - Industrialized

Banducci, Anne N.¹, Bujarski, Sarah², Bonn-Miller, Marcel³, Connolly, Kevin⁴

¹University of Maryland, College Park, College Park, Maryland, USA

²University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA

³VA, Menlo Park, California, USA

⁴VA Medical Center, Jackson, Mississippi, USA

Among veterans, PTSD and substance use disorders (SUDs) frequently co-occur and are associated with a host of negative outcomes. To improve treatment efficacy, it is necessary to determine common factors underlying these disorders. One such factor is distress tolerance (DT), or the capacity to persist in goal-directed behavior in the face of distress. Low DT is associated with elevated symptoms and treatment dropout among individuals with PTSD or SUDs. The current study explored main and interactive effects of two facets of DT (intolerance of negative emotions, and intolerance of uncertainty) on PTSD/SUD symptom severity among treatment-seeking veterans (N=66, $M_{age}=49$; 95% men; 64% Black) with comorbid PTSD and SUDs. The PTSD Checklist (PCL-S), Distress Tolerance Scale (DTS), Intolerance of Uncertainty Scale Short Form (IUS), and Brief Addiction Monitor (BAM) were completed. Lower DTS scores were associated with higher PCL-S Total, Hyperarousal, Numbing, and Avoidance, as well as BAM Risk Factors scores. IUS was non-significant in all analyses. DTS scores moderated the relationship between IUS and PCL-S Hyperarousal scores; veterans with low DTS and high IUS scores had the most severe hyperarousal symptoms. This suggests low DT represents a common factor underlying both disorders, offering a potential intervention point for this difficult to treat population.

THU 153**Substance Use and Intimate Partner Violence: An Examination of Differential Risk for Injury and Healthcare Utilization**

(Abstract #895)

Poster #THU 153 (Assess Dx, Acc/Inj, DV, Health, Sub/Abuse, Adult) M - Industrialized

Weaver, Terri¹, Weber, Stefanie¹, Elhai, Jon²

¹Saint Louis University, Saint Louis, Missouri, USA

²University of Toledo, Toledo, Ohio, USA

Forty-one percent of women exposed to physical intimate partner violence (IPV) and slightly over one-third of those experiencing sexual IPV experience any injury. Roughly one-third of injured women reported receiving medical care, typically within hospital settings, following their recent intimate partner rape or physical assault. Some evidence suggests that substance use by a woman's partner may amplify her IPV-related injury risk. The current study was designed to explore the associations between a woman and her partner's concordant and discordant use of alcohol or drugs at the time of the incident, risk for acute injury and healthcare utilization using archival data from the National Violence Against Women dataset. For the current study, the full sample was restricted to include only those female respondents who had experienced a physical assault

perpetrated by an intimate partner at some time during their adult lives ($n = 1,756$ females). Ethnocultural differences have been documented with healthcare and other agency utilization for women experiencing IPV. Therefore, the current study also explored ethnoracial status as a potential moderator of healthcare utilization post-injury. Implications of the findings for the implementation of the 2010 Affordable Care Act, which includes no-cost-share screening for IPV are discussed.

THU 154

**Different Trauma, Different Risk:
Metaanalysis of the Conditional Risk for
Posttraumatic Stress Disorder (PTSD)
Secondary to any Trauma, Death of a Close
Person and Rape in the General Population**
(Abstract #630)

**Poster #THU 154 (Assess Dx, Assess Dx, Pub
Health, Rape, Grief, Adult) M - Latin Amer &
Carib**

Luz, Mariana¹, **Berger, William**¹, **Coutinho, Evandro**²,
Ventura, Paula¹, **Mendlowicz, Mauro**³, **Figueira, Ivan**¹

¹Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

²Escola Nacional de Saude Publica (ENSP-FIOCRUZ), Rio de Janeiro, Brazil

³Universidade Federal Fluminense, Niteroi, Rio de Janeiro, Brazil

Introduction: Conditional risk for PTSD is the probability of developing PTSD after exposure to trauma; and is strongly influenced by the type of trauma. Despite its importance, conditional risk for PTSD is understudied and the existing literature is highly heterogeneous. **Aims:** To summarize data on conditional risk for PTSD in the general population through a systematic review and metaanalysis. **Methods:** Our search included 4 databases, references from selected articles, cited-reference tools, and contact with 30 researchers. We obtained combined measures of conditional risk secondary to any trauma, death of close person and rape. **Results:** Conditional risk secondary to any trauma was 8.72%. (Women: 13.3%, men: 4.3%); secondary to death of close person was 7.7% (women: 16%, men: 3.3%); and secondary to rape was 26.7% (women 32.9%, men: 37.1%). **Discussion:** The present metaanalysis is relevant for determining traumatic events highly associated with PTSD and studying possible risk factors and PTSD pathophysiology.

THU 155

**Replication of the Critical Incident History
Questionnaire: Assessing Frequency and
Severity of Traumatic Events among Officers
from Small and Mid-Size Police Agencies**
(Abstract #1350)

**Poster #THU 155 (Assess Dx, Chronic, Clinical
Practice, Comm/Vio, Health, Adult) M -
Industrialized**

Chopko, Brian¹, **Palmieri, Patrick**², **Adams, Richard**³
¹Kent State University at Stark, North Canton, Ohio, USA

²Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio, USA

³Kent State University, Kent, Ohio, USA

Weiss et al. (2010) developed the Critical Incident History Questionnaire (CIHQ) to measure frequency and severity of trauma exposure among police officers. They assessed officers from large urban departments and called for replication studies utilizing samples from smaller departments. The present study replicated the Weiss et al. study in a sample of officers ($N = 193$) from small and mid-size police departments in Ohio. Frequency and severity findings were similar to those reported by Weiss et al., counter to the common notion that officers from smaller agencies experience substantially fewer critical incidents. PTSD symptoms demonstrated the strongest association with the exposure indices among the various variables examined (i.e., alcohol use, sleep problems, suicidal ideation, relationship stress, non-traumatic work stress, subjective traumatic stress, and depression). Findings also suggest the influence of traumatic events on PTSD symptoms may be stronger among officers from smaller compared to larger agencies (mean $r = .36$; compared to $r = .20$ from Weiss et al.), that events infrequently experienced by officers are perceived as more severe than events more commonly experienced, and that some variables are more closely associated with trauma severity (e.g., depression) and others with trauma frequency (e.g., alcohol use). Clinical implications are discussed.

COMMUNITY BASED PROGRAMS/ETHICS

THU 156

Witnessing Violence and Self-Harming Behaviors in People with Severe Mental Illness: Implications for Assessment
(Abstract #35)

Poster #THU 156 (Commun, Assess Dx, Comm/Vio, Depr, Sub/Abuse, Adult) M - Industrialized

O'Hare, Thomas¹, Sherrer, Margaret²

¹*Boston College, Boston, Massachusetts, USA*

²*Lyndon State College, Lyndonville, Vermont, USA*

People with severe mental illness (SMI) report high rates of having witnessed violence that resulted in injury or death, but little is known about the relationship between having witnessed violence and self-harming behaviors. We tested the hypothesis (N = 420) that one or more lifetime episodes of having seen someone "seriously harmed or killed in combat, home, or crime situation" would correlate with self-harming behaviors while controlling for psychiatric symptoms, substance abuse and negative appraisals. Over one-quarter (135, 29.7%) of the sample reported having witnessed another person being seriously harmed or killed at least once in their lifetime and over one-third (148, 35.2%) thought of hurting themselves or committing suicide within the "past 7 days." Results showed that depression and having witnessed another person being harmed or killed were significantly associated with self-harm [$F(11/334) = 10.42, p < .01; \text{adj. } R^2 = .23$]. For women, self-blame, alcohol use, and depression were significantly associated with self-harm, but not having witnessed violence. For men, significant factors included having witnessed harm/killing, negative cognitive appraisals of the self, and substance use problems. Results suggest that thorough screening for having witnessed violence might be a key component in screening for self-harm and suicide attempts.

THU 157

Trauma/Loss during Forced Migration and Psychological Symptom Elevations
(Abstract #1803)

Poster #THU 157 (Commun, Chronic, Clin Res, Commun, Global, Adult) I - Latin Amer & Carib

Shultz, James¹, Helpman, Liat², Araya, Ricardo³, Espinel, Zelde¹, Verdeli, Helen⁴, Neria, Yuva⁵

¹*University of Miami Miller School of Medicine, Miami,*

Florida, USA

²*Columbia University Department of Psychiatry and New York State, New York, New York, USA*

³*London School of Hygiene and Tropical Medicine, London, United Kingdom*

⁴*Teachers College, Columbia University, New York, New York, USA*

⁵*Columbia University and New York State Psychiatric Institute, New York, New York, USA*

Introduction: As victims of armed conflict, Colombia's 6 million internally displaced persons (IDPs) have been exposed to trauma and loss throughout their trajectories of displacement. The Outreach, Screening, and Intervention for Trauma (OSITA) pilot project uses a 3-tiered, stepped-care mental health intervention model for women IDPs in Bogotá. Methods: The OSITA intervention includes screening for 3 common mental disorders ("CMDs" - depression, generalized anxiety, PTSD) and exposures to trauma and loss stressors during 3 time periods: pre-, peri-, and post-displacement. Preliminary analyses examined CMD symptom elevations in relation to exposures for the first 81 participants. Results: In this multi-trauma-exposed sample, 28% had only mild or no symptom elevations, 39% had moderate elevations, and 33% had severe elevations on one or more CMDs. When a model consisting of the number of traumas - pre-, peri-, and post-displacement - was regressed on symptom levels for each of the 3 CMDs, only pre-displacement trauma dose significantly predicted depression, while both pre- and post-displacement trauma dose predicted PTSD. PTSD symptoms displayed a distinct dose-response pattern. Conclusions: Full sample results, and the role of stressors by phase of displacement, will be discussed in the context of etiology of psychopathology and implications for intervention.

THU 158

Evidence Based Mental Health Program for Internally Displaced Women in Colombia: Preliminary Indicators of Effectiveness
(Abstract #1819)

Poster #THU 158 (Commun, Chronic, Clin Res, Global, Refugee, Adult) I - Latin Amer & Carib

Helpman, Liat¹, Shultz, James², Gomez-Ceballos, Angela³, Hernandez-Florez, Luis³, Verdeli, Helen⁴, Neria, Yuva⁵

¹*Columbia University Department of Psychiatry and New York State, New York, New York, USA*

²*University of Miami Miller School of Medicine, Miami, Florida, USA*

³*Universidad de Los Andes, Bogota, Distrito Capital, Colombia*

⁴*Teachers College, Columbia University, New York, New York, USA*

⁵*Columbia University and New York State Psychiatric Institute, New York, New York, USA*

Introduction: In Colombia, internally displaced persons (IDPs) comprise 12% of the population; 70% are women and children. IDP women experience multiple stressors and elevated symptom levels of common mental disorders (CMDs – depression, generalized anxiety, PTSD). OSITA is a pilot project testing a stepped-care mental health intervention for IDP women: Step 1 – screening for CMDs using validated instruments and psycho-education; Step 2 – interpersonal counseling (IPC – for moderate symptom elevations); Step 3 – psychiatric consult (for severe elevations). **Methods:** In early analyses (n=81 IDP women), 33.3% received IPC referral for moderate elevations and 43.2% received psychiatric referral for severe elevations. For women referred to IPC, treatment adherence (participation in ≥3 sessions) and clinical improvement (initially elevated scores dropping below clinical thresholds) were examined. **Results:** Non-adherence was associated with higher baseline depression scores. Among those who attended 3 sessions, 28% showed clinical improvement. IDP women with moderate baseline symptom elevations for depression, or comorbid PTSD and depression, were most likely to improve. **Conclusions:** Analyses of the full sample (n≥300) will be necessary to confirm initial promising results. Most IDP women with moderate symptoms will require more than 3 sessions of IPC to achieve clinical improvement.

THU 159

Using a Community-Based Participatory Action Research Model to Develop Trauma-Informed Services for Mothers in High Risk Urban Neighborhoods

(Abstract #325)

Poster #THU 159 (Commun, Commun, Comm/Int, Fam/Int, Social, Adult) I - N/A

Vivrette, Rebecca, Kiser, Laurel, Wasserman, Kate, Connors, Kathleen
University of Maryland School of Medicine, Baltimore, Maryland, USA

Using a community-based participatory action model, this paper explores several dimensions of women's experiences living in high-risk urban neighborhoods, including parenting burden, trauma exposure, mental health symptoms, and help seeking behavior. As a result of their necessary preoccupation with meeting basic needs, women in high-risk urban areas are often disengaged from services and socially isolated, creating a need for innovative service delivery models. Community Ambassadors trained in trauma-informed approaches conducted mental health needs

assessments with mothers of children age 0-4 (n=285) in their communities. Women reported high rates of trauma exposure (83%) and adverse childhood events (60%, four or more). PTSD (46%), depression (22%), and anxiety (28%) were all related to number of traumas ($r=.42-.46$, $p<.01$). Fewer women received psychiatric (12%) than medical care (80%). The majority was uninterested in home visiting (75%), preferred informal versus formal support, and wanted a peer-delivery model. Maternal choice and intention to engage in various service models should be considered during triage and referral. A trauma-informed, community-based approach is critical to engaging high-risk women. Integration of trauma-informed mental health services into medical care is an important opportunity for identifying and supporting this population.

THU 160

Reducing Treatment Gap and Trauma Impact on War-Affected Populations: Trauma-Informed Mental Health Policy

(Abstract #1672)

Poster #THU 160 (Commun, Pub Health, Adult) M - C & E Europe & Indep

Makhashvili, Nino¹, Pilaury, Ketevan²

¹*Oakland University, Tbilisi, Georgia*

²*Global Initiative on Psychiatry-Tbilisi, Tbilisi, Georgia*

Most people in the world who have mental illnesses receive no effective treatment (Wang, et al., 2007). This phenomenon, described by the WHO as 'treatment gap' is increasingly appreciated and is seen as the difference between true prevalence rate and the proportion that receive any kind of treatment (Prince et al., 2007). The recent study conducted in Georgia (Makhashvili, et al, 2014) has found high rates of depression, PTSD and anxiety among war-affected populations. Meanwhile service utilization (Chiqovani et al., 2015) was very low. Our study aimed to collect experts' opinion on best effective models of services to influence treatment gap. 2 theoretical models were applied to survey – WHO (2007) optimal mix of services and Balanced Care Model (Thornicroft & Tansella, 2013) that summarizes the evidence for resource-appropriate models of care. The data was collected by an electronic survey of mental health experts. Respondents completed questionnaire on the perceived usefulness of different methods. Services as psychosocial interventions and community centers as well as primary healthcare, crisis intervention and mobile groups were chosen as useful. Psychosocial interventions considered first choice option for both low/middle and higher resources areas. Five policy recommendations were proposed to meet needs and reduce impact of trauma

on war-affected populations.

THU 161

Mental Health Disorders and Treatment Seeking among Veterans in Non-VA Facilities: Results and Implications from the Veterans' Health Study (Abstract #100)

Poster #THU 161 (Commun, Assess Dx, Sub/Abuse, Mil/Vets, Care, Adult) M - Industrialized

Boscarino, Joseph, Hoffman, Stuart, Pitcavage, James, Urosevich, Thomas
Gesinger Clinic, Danville, Pennsylvania, USA

We surveyed a random sample of 700 veterans who were outpatients in a large, non-VA multi-hospital system. Our objective was to assess the prevalence of mental disorders and service use among these veterans. The majority were Vietnam veterans (72.0%), male (95.9%), and 40.4% reported recently using the VA for care. The prevalence of lifetime PTSD was 9.6%, lifetime depression 18.4%, and lifetime mental health service use was 50.1%. In multivariate analyses, significant factors associated with PTSD, depression, and mental health service use were low self-esteem, use of alcohol/drugs to cope, history of childhood adversity, high combat exposure, and low psychological resilience. Current alcohol misuse was associated with post-deployment substance use. VA service use was associated with greater mental health service use and higher combat exposure. With the exception of alcohol misuse, the mental health status of deployed veterans seen in non-VA facilities appeared to be better than reported in past studies and VA service use was associated with mental health service utilization and combat exposure. Since most veterans have access to both VA and non-VA services, these findings have key implications for veterans seeking care, hospital workers, and for outcomes research.

THU 162

Resilient Warrior: Deployment-Related Stress Management Group to Improve Psychological Health in Service Members (Abstract #110)

Poster #THU 162 (Commun, Anx, Depr, Health, Mil/Vets, Adult) I - Industrialized

Baier, Allison¹, Bui, Eric², Sylvia, Louisa², Mehta, Darshan², Fricchione, Gregory², Simon, Naomi²
¹Massachusetts General Hospital, Boston, Massachusetts, USA

²Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA

Although many post-9/11 veterans exhibit sub-threshold levels of deployment-related stress, depression, and anxiety falling outside conventional healthcare, few interventions targeting these subclinical problems are available. Relaxation response (RR), the counterpart of stress response, has been shown to mitigate the effects of stress, and reduce psychiatric symptoms and biomarkers of stress (e.g., Jacquart et al., 2014). We developed Resilient Warrior, a novel, 4-session, group-based RR stress management program for veterans. Forty participants were surveyed for program acceptability and feasibility, and a subgroup (N=14; 53% women; Mean(SD) age = 36.6(6.2)) was assessed for psychological health outcomes pre and post program. Participants reported significant pre to post improvements in depressive symptoms (d=.60, p=.04), perceived stress (d=.62, p=.04), anxiety (d=.55, p=.06) and sense of self efficacy (d=.65, p=.06). Further, 97% reported satisfaction with session length and group format, and all participants reported that the program was helpful, relevant, and would recommend the program to others. Resilient Warrior may be feasible, acceptable, and efficacious in improving common, impairing, and distressing sub-threshold deployment-related symptoms in veterans. Randomized controlled trials and studies examining its efficacy on posttraumatic stress disorder are warranted.

THU 163

The Ethics of Child Maltreatment Research: Assessing Trauma Symptoms and Study Impact (Abstract #1570)

Poster #THU 163 (Ethics, CPA, CSA, Ethics, Res Meth, Child/Adol) I - Industrialized

Waechter, Randall¹, Angus-Yamada, Colleen², Christine, Wekerle³

¹St. George's University, St. George's, Grenada

²Queen's University, Kingston, Ontario, Canada

³McMaster University, Hamilton, Ontario, Canada

Child maltreatment research is critically important given the significant impact on victims' health and wellbeing across the lifespan. Self-report questionnaires are a key component in this area of research, given that victims' perception of abuse is critical in determining outcomes. However, detailed inquiries about maltreatment experiences can potentially cause re-experiencing of events and psychological distress. We reviewed longitudinal self-report trauma symptoms and assessment of study participation from 561 youth involved with Child

Protection Services to determine (1) whether youth leave the study worse off than entry (i.e., whether trauma symptom ratings decrease over time and study assessment ratings increase over time) and (2) whether different types of maltreatment experience (i.e., sexual abuse versus physical abuse or neglect) and severity of maltreatment are related to different assessments of study participation. This data can be used to screen potential participants for inclusion in child maltreatment studies, thereby reducing the risk of psychological distress.

THU 164

Psychopathology after Traumatic Experiences in Old Age

(Abstract #765)

Poster #THU 164 (Commun, Anx, Depr, DV, Aging, Older) M - N/A

Lindert, Jutta¹, Stankunas, Mindaugas²

¹University of Emden, Emden, Niedersachsen, Germany

²Kaunas University, Kaunas, Lithuania

Objective: We aimed to investigate whether anxiety and depression are associated with traumatic experiences such as violence (physical, psychological, sexual, financial) among individuals living in the communities in old age. **Methods:** We analyzed depression and anxiety and abuse data from the seven cities in seven countries in Europe cross-sectional study "Abuse of older individuals in Europe" (ABUEL) (n=4467) w Logistic regression models were applied to analyze depression and anxiety and abuse /violence. **Results:** Anxiety was lowest in Sweden for women and men (women 17.1%; men 8.9%), highest for women in Spain (38.0%) and highest for men in Lithuania (25.8%). Depression was lowest among women from Sweden (7, 2%) and among men from Germany (9.5%); highest among women and men in Greece (54.8% vs. 43.2%). Psychological violence was associated with depression and anxiety among women, physical abuse was associated with violence and abuse among men. Psychological abuse was associated with anxiety and depression among women. **Conclusions:** Depression and anxiety among older persons are associated with traumatic experiences, especially among older women. Further research is needed to understand better the specific relationship between traumatic violence experiences and psychopathology among older men and women.

THU 165

A Pilot Test of the PFA Mobile App for Ukrainian Psychologists

(Abstract #808)

Poster #THU 165 (Commun, Commun, Cul Div, Civil/War, Mil/Vets, Lifespan) M - C & E Europe & Indep

Torskaya, Tatiana

NGO "Development Foundation", Levitskogo, Lviv, Ukraine

The current military conflict in Ukraine has created a growing need to provide Psychological First Aid both for those participating in combat and for the affected civilian population. In this presentation we will report on the preliminary results of the effects of using PFA mobile application and PFA standardized procedures to help Ukrainian volunteers in their work with the soldiers participating in the military conflict. PFA mobile in the US was developed as a tool to improve psychological first aid delivery for trauma survivors (NCTSN and NCPTSD, 2006) and was highly appraised by the experts. We believe that in addition to the victims of natural disasters, PFA mobile is also relevant in meeting the needs of victims of terrorist attacks and military operations in the area of anti-terrorist operations in Eastern Ukraine. Moreover, unlike the victims of natural disasters, survivors of terrorist attacks and military actions can be a more accessible population for study. Our pilot study involved 300 volunteers-psychologists using the Android and IOS PFA mobile app from three regions in Ukraine: Donetsk, Luhansk and Lviv. We will present participants' feedback on the use of the app and PFA procedures, including the usability of the application, its user friendliness, as well as the data that allows for assessing the impact of PFA tools on those who received the support.

THU 166

The Unified Behavioral Health Center: A Model for Innovative Partnerships in Serving Veterans and their Families

(Abstract #2023)

Poster #THU 166 (Commun, Fam/Int, Social, Mil/Vets, Lifespan) M - Industrialized

Bellehsen, Mayer

NorthShore University HealthSystem, Bay Shore, New York, USA

This oral paper presentation will review the gaps in care for the family members of veterans affected by a veterans' trauma and for some veterans and service members who cannot access VA medical services

VA. The first-of-its-kind partnership between a not for profit medical system (North Shore-LIJ Health System) and the Veterans Affairs Medical Center (Northport VAMC) called the Unified Behavioral Health Center for Military Veterans and their Families was created to address these gaps by leveraging a co-location and cross talk (i.e. direct collaboration) design in which North Shore LIJ clinicians work alongside Northport VA clinicians to treat the entire family that is impacted by a veteran's trauma. The origin and development of this clinic will be reviewed and data on accomplishments from its first 2.5 years will be presented. Data will include demographics on the patient population such as types of family members seen (i.e. parent, spouse, child), origination of the problem for the presenting client (i.e. service related difficulties like PTSD and/or TBI and non-service related difficulties), service era of the family members veteran, types of treatments engaged in, and benchmarks of clinical success and client satisfaction. Challenges, such as patient access, confidentiality, and sustainability will be reviewed and proposals for future directions will be put forward.

RESEARCH METHODOLOGY

THU 167

Benefitting from Katrina: Differences in Posttraumatic Growth between Men and Women Police Officers

(Abstract #155)

Poster #THU 167 (Res Meth, Acute, Nat/Dis, Pub Health, Adult) M - N/A

Violanti, John¹, **Manatsakanova, Anna**², **Burchfiel, Cecil**², **Andrew, Michael**², **McCanlies, Erin**²

¹State University of New York at Buffalo, Buffalo, New York, USA

²National Institute for Occupational Safety and Health, Morgantown, West Virginia, USA

Posttraumatic growth (PTG) has been described as the positive result of the struggle with challenging life circumstances. This study explored differences in PTG between men (n=77) and women (n=22) police officers post hurricane Katrina. Officers were charged with rescue operations and keeping law and order, while dealing with their own personal losses. PTG was measured with the PTG scale (Tedeschi & Calhoun, 2004). ANCOVA was used to determine PTG scores stratified by level of involvement (none/light and moderate/heavy), adjusting for age, race, and alcohol use. Adjusted mean PTG scores did not differ significantly between men and women officers. However, among officers whose level of involvement was moderate/heavy, mean PTG scores were significantly higher in women compared to men (66.7 (SE 10.3) vs. 38.2 (SE 3.7), $p < 0.013$). When mean PTG subscale scores were evaluated, relating to others, new possibilities, and spiritual change scores were significantly higher in women. These findings indicate that women police officers may adjust in more positive ways compared to men following major traumatic disasters even under conditions of higher involvement. Results should be interpreted with caution; sample size was limited. Further prospective study is needed with larger samples. Facilitating PTG may provide beneficial treatment following traumatic events.

THU 168

Beyond Blame: Women's Complex Attributions for their Childhood Maltreatment Experiences and Associations with Psychosocial Adjustment

(Abstract #1756)

Poster #THU 168 (Res Meth, CSA, Adult) M - N/A

Chaudhry, Kiren¹, **Graham, Amy**¹, **Steinberg, Davia**¹, **Simon, Valerie**¹, **Muzik, Maria**²
¹Wayne State University, Detroit, Michigan, USA
²University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA

Causal understanding of childhood maltreatment (CM) experiences is a significant predictor of long-term adjustment. Research has focused on attributions of blame, with self- but not perpetrator blame predicting poor outcomes. Despite evidence that attributions are multi-dimensional, CM research has largely neglected other types of causal reasoning (excusing, responsibility) and their co-occurrence towards different targets (e.g., self, perpetrator). The current study utilizes trauma narratives to examine the complexity of CM attributions and associations with adjustment. Adult women (n = 100) completed semi-structured interviews about their CM. Coders rated interview transcripts for blaming, excusing, and responsibility attributions regarding the roles of self, perpetrator and others in abuse events. Measures of adjustment assessed mental health, and parental functioning. Preliminary results support the reliability and validity of the attribution coding. Lack of relations between scales suggests that they capture distinct dimensions of causal understanding. Analyses will identify attribution profiles and their associations with outcomes. We expect healthy adjustment will be associated with the absence of blaming and excusing attributions and the presence of responsibility attributions. Identifying the nature of healthy attributions has important clinical implications.

THU 169
Changed Self-Other Distinction and Theory of Mind in Women with a History of Sexual/Physical Abuse
 (Abstract #1813)

Poster #THU 169 (Res Meth, Anx, CSA, Depr, Neuro, Adult) A - Industrialized

Mueller, Sven
 Ghent University, Ghent, Flanders, Belgium

Although sexual and physical abuse have long lasting impact on emotional and cognitive processing, surprisingly little information is available on rudimentary social changes and the theory of mind of affected individuals. The objective of this study was to examine two social processes, one examining self-other distinction at the social-motoric level (the imitation inhibition task) and the other at the higher social level (the implicit theory of mind task). Thirty-six women (mean age 33 years) with a history of sexual and/or physical abuse and 49 women (mean age 36 years) without such history completed both social processing tasks. In addition, participants completed

questionnaires regarding resilience, anxiety, depression, and empathy and completed a semi-structured psychiatric screening interview. The results showed that traumatized women had a smaller theory of mind index relative to non-traumatized controls, indicating they were less influenced by a bystander but, conversely, showed more interference during self-other discrimination in the imitation inhibition task. In conclusion, the data suggest basic changes at the social-cognitive level after experience of sexual/physical abuse.

THU 170
Distress Tolerance in Trauma-Exposed, Acute-Care Psychiatric Inpatients: Associations with Substance Use
 (Abstract #1334)

Poster #THU 170 (Res Meth, Affect/Int, Clin Res, Cog/Int, Sub/Abuse, Adult) M - Industrialized

Abrams, Jocelyn¹, **Martin, Colleen**¹, **Amador, Christy**¹, **Wardle, Margaret**¹, **Reddy, Madhav**², **Vujanovic, Anka**¹
¹University of Texas Medical School at Houston, Houston, Texas, USA
²The University of Texas Health Science Center at Houston, Houston, Texas, USA

The extant literature relevant to the role of distress tolerance (DT) in the established association between posttraumatic stress (PTS) and substance use is limited. The present study examines DT multi-modally to investigate its associations with alcohol and drug use among acute-care psychiatric inpatients. Three methods were used to measure DT: Mirror-Tracing Persistence Task (MT), Breath-Holding Task (BH), and Distress Tolerance Scale (DTS). It was hypothesized that DTS and BH would be significantly (negatively) associated with severity of cigarette smoking, alcohol use, and illicit drug use, after controlling for PTS. Participants were comprised of 107 (28.1% women, Mage = 33.4) acute-care psychiatric inpatients who endorsed DSM-5 PTSD Criterion A trauma exposure; data collection is ongoing. Participants completed DT tasks and self-report measures. BH was positively associated with number of days (in past 30) of problematic drug use ($\beta = .23, p < .01$); DTS was positively associated with number of days (in past 30) of alcohol intoxication ($\beta = .23, p < .05$). Distress 'over-tolerance' appears to be a significant factor in severity of alcohol and drug use in predominantly low-income, inner-city, acute-care psychiatric inpatients. No DT measures were significantly associated with nicotine use. Clinical and research implications will be discussed.

THU 171**Comparing Cross-Sectional and Longitudinal Mediation Analyses: Interpersonal Violence, Relationship Functioning, and Distress**

(Abstract #2028)

Poster #THU 171 (Res Meth, Rape, Adult) I - Industrialized**Nguyen-Feng, Viann¹, Frazier, Patricia¹, Shallcross, Sandra², Anders, Samantha²**¹University of Minnesota, Minneapolis, Minnesota, USA²Hennepin County Medical Center, Minneapolis, Minnesota, USA

Researchers often use cross-sectional designs to assess mediation because of the expense of longitudinal studies. However, single-time point assessments may lead to spurious conclusions that can be detrimental to research and practice (Cole & Maxwell, 2003). To illustrate this point, we compare three mediation models that assess relationship functioning as a mediator of the relation between past exposure to interpersonal violence (IPV) and current distress in undergraduates (N = 271). Structural equation modeling was used to test the indirect effects of IPV on a latent variable of distress (depression, anxiety, hostility) through a latent variable of relationship functioning (social connectedness/support, loneliness). Three models were tested: 1) All variables measured at Time 1; 2) IPV measured at Time 1, relationship functioning at Time 2, distress at Time 3; 3) A model similar to #2 but with relationship functioning at Time 3 and distress at Time 2 also in the model to control for autocorrelation. Results indicated a spurious significant indirect effect of relationship functioning when all variables were measured at Time 1. This indirect effect was nonsignificant in models #2 and #3. This provides evidence that clinicians and researchers need to be aware of limitations in mediation analyses using cross-sectional data.

THU 172**Firefighters' Resiliency and Reactions to Stress: A Pilot Analysis**

(Abstract #1870)

Poster #THU 172 (Res Meth, Acc/Inj, Chronic, Adult) - Industrialized**Sullivan, Connor**

Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

While firefighters are immediately helpful in the community's daily living, the firefighter population has

largely been ignored with regards to mental health and reactions to daily stressors. Researchers have indicated in previous studies that the majority of firefighters had their safety seriously threatened at least once in the line of duty and that firefighters' rates of PTSD are also higher than the general population. Firefighters lead dual lives in they risk their lives for the betterment of others in one while the other is that of a civilian. The nature of the traumatic events is largely different between firefighters (e.g., natural disasters, technological disasters) from other populations that may appear similar (e.g., military personnel). Unfortunately, unique factors have not been sufficiently studied. In a pilot study of over 250 firefighters from the Georgia Fire Academy, firefighter specific variables (number of calls, rank, etc.) were examined along with coping responses, social support, and traumatic stress. All participants reported experiencing a traumatic event, and many reported going on a number of traumatic calls (M=8). Approximately 8% of the firefighters met for probable PTSD. There was also a high frequency of dissociative experiences (i.e., depersonalization) reported amongst the firefighters. Further analyses and implications will be discussed.

THU 173**Maternal Trajectories of Intimate Partner Psychological Aggression and Child Mental Health Outcomes**

(Abstract #1277)

Poster #THU 173 (Res Meth, CPA, DV, Child/Adol) M - Industrialized**Poehacker, Stefanie, Phillips, David, Teslow,**

Jessica, Lauterbach, Dean

Eastern Michigan University, Ypsilanti, Michigan, USA

The negative impact of intimate partner violence (IPV) is far reaching. In families, both the parent victim and the children suffer painful consequences. Few studies have analyzed the unique impact of partner-to-partner psychological IPV on children. The present study utilized Latent Class Growth Analysis (LCGA) to determine the relationship between a mother's psychological IPV trajectory and her child's mental health outcomes at two distal time points. Using the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) data set, Conflict Tactics Scales (2) data was collected on 1070 mothers when their respective child was 6, 8, 12, and 14 years old. This data were combined with relevant covariates (i.e. ethnicity, education, mother's age, and maltreatment variables) in a conditional LCGA. The results support the superiority of a 3-class model in comparison to a 1-, 2-, and 4-class model. The trajectories consist of low (83.6%), increasing (6.9%), and decreasing (9.6%) classes. Multinomial logistic regression will be

performed to test if class membership is predictive of children's externalizing and internalizing symptomatology, as assessed by the DISC, at ages 14 and 18.

THU 174

Methodological Design and Procedures in Program Evaluation of a Therapeutic Day Treatment Program
(Abstract #1438)

Poster #THU 174 (Res Meth, CPA, Clinical Practice, Commun, Train/Ed/Dis, Child/Adol) I - Industrialized

Hoemberg, Kathaleen, Kanine, Rebecca, Jackson, Yo

University of Kansas Clinical Child Psychology Program, Lawrence, Kansas, USA

Children under the age of six are disproportionately exposed to maltreatment which can lead to a variety of mental and physical health outcomes (Cook et al., 2005). Effective interventions are needed. Therapeutic Day Treatment is one option as it provides daily psychosocial intervention for children with behavioral, emotional, and developmental problems (Tse, 2006). Little research exists on how well this common treatment works due in part to methodological challenges of studying multi-modal programs. To address this problem, the present study examined the collaboration between researchers and community health agency that offers day treatment services, as they work together to provide needed information on intervention outcomes. Results of the collaboration identified several key considerations for program evaluations of day treatment interventions for children exposed to maltreatment. For example, the information collected had to be manageable for employees, clinically useful, sustainable over time, align with funding expectations, while also adequate for broader dissemination on treatments for trauma exposed preschoolers. Study results will provide information on (1) methods for implementing a program evaluation (e.g. needs assessment) and (2) provide guidance for establishing and maintaining interdependent relationships between researchers and community mental health agencies.

PREVENTION/EARLY INTERVENTION

THU 175

Psychological and Pharmacological Interventions in the Immediate Aftermath of Trauma for PTSD
(Abstract #653)

Poster #THU 175 (Prevent, Bio Med, Clin Res, Pub Health, Adult) - Industrialized

Rothbaum, Alex¹, Michopoulos, Vasiliki¹, Price, Matthew², Post, Loren¹, Ressler, Kerry¹, Rothbaum, Barbara¹

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

²University of Vermont, Burlington, Vermont, USA

Many will be exposed to a traumatic event, however only 10% will develop Posttraumatic Stress Disorder (PTSD). Empirically supported treatments exist, however these are commonly delivered to patients with diagnoses of PTSD who have suffered for a great deal of time. Early intervention would have a tremendous public health impact on both civilian and military populations on a multitude of levels. Currently, no widespread empirically supported interventions for PTSD in the immediate aftermath of trauma exist. Data from ongoing research in a civilian Level-I trauma center provides initial support for both a psychological intervention (n = 137) as well as an observational study (n = 50) which shows potential effects of IV opiates. The psychological intervention was a randomized controlled trial designed to modify the memory prior to consolidation; patients with the intervention had significantly fewer PTSD symptoms at 12 weeks compared to those in assessment only (15.47 ± 1.98 and 20.33 ± 1.80 respectively) as well as apparent mitigation of genetic risk. Separately, IV opiates administered peritrauma were observed to significantly attenuate PTSD symptoms compared with those who did not receive them (8.7 ± 1.7 vs. 21.9 ± 3.6). Together these data provide evidence for promising methods of preventing of PTSD.

THU 176

Predicting PTSD Questionnaire Identifies At-Risk Patients up to Six Months Post Trauma when Controlling for Clinician Rated Severity
(Abstract #1513)

Poster #THU 176 (Prevent, Assess Dx, Bio Med, Clin Res, Pub Health, Adult) I - Industrialized

Rothbaum, Alex, Crow, Thomas, Michopoulos, Vasiliki, Grinstead, Heather, Ressler, Kerry, Rothbaum, Barbara

Emory University School of Medicine, Atlanta, Georgia, USA

Trauma exposure in the is prevalent, however only a subset develop posttraumatic stress disorder (PTSD). Many psychobiological risk factors for PTSD have been identified through retrospective studies. The current study investigates a five-question measure administered in the immediate aftermath of trauma to prospectively predict which patients are likely to develop PTSD when accounting for clinician rated trauma severity. By controlling for clinician rated trauma severity, variance associated with an objective measure of the trauma is removed, and highlights the ability of self-report in explaining differences. Patients were assessed bedside in a Level-I trauma center within hours of exposure using the Predicting PTSD Questionnaire (PPQ). Follow-up assessments occurred at 1, 3, and 6 months post-trauma using the PTSD Symptom Scale (PSS). Patients with predicted risk showed elevated PTSD symptoms at 1 month ($F(1,108)=5.434, p=.022$), 3 months ($F(1,98)=9.132, p=.003$), and 6 months ($F(1,77)=6.850, p=.011$) with clinician rated trauma severity controlled for. Furthermore, in a linear regression, every 1-point increase in PPQ score is associated with a mean 3-point increase in PSS score at all three follow up time points ($p<.01$). This simple measure, which can be administered without any training, shows promise for identifying individuals at risk for PTSD following trauma exposure.

THU 177

Male Childhood Sexual Abuse: Patterns of Abuse Experiences and Implications for Assessment and Intervention

(Abstract #1022)

Poster #THU 177 (Practice, Anx, CSA, Depr, Sub/Abuse, Adult) - Industrialized

*Lyons, Jennifer, Romano, Elisa
University of Ottawa, Ottawa, Ontario, Canada*

Childhood sexual abuse (CSA) has been linked with numerous longer-term difficulties, but most of this research has adopted a variable-centered approach to examine abuse characteristics (e.g., duration, severity) across individuals. This cross-sectional study advances understanding of CSA not only by using a person-centered approach to construct individual profiles of abuse characteristics but also by focusing on adult male survivors, who represent an under-studied population. Once identified, we will link the profiles to several adult outcomes, including substance use and trauma symptoms. Data collection is occurring across North America, and the current sample of 127 men ($M = 42.28$ years) had completed the questionnaire. The CSA experiences of males are

diverse, with 52% endorsing more than one abusive experience and 28% endorsing both intra- and extra-familial abuse. Age of onset ranges from 0-15 years ($M = 7.82$ years), and 49% reported CSA that included penetration. Potential implications include the need for comprehensive assessment of individual CSA experiences, given the heterogeneity in trauma histories. We will also consider the ways that various profiles are related to different psychological outcomes and in this way, emphasize the importance of adapting evidence-based interventions to meet the unique needs of males with differing trauma histories.

THU 178

The Impact of Parental Mental Health on Early Intervention Service Engagement/Attrition and Maltreatment Risk over Time

(Abstract #1023)

Poster #THU 178 (Prevent, CPA, Depr, Prevent, Sub/Abuse, Adult) - N/A

*McGill, Tia, Whitaker, Daniel
Georgia State University, Atlanta, Georgia, USA*

Child maltreatment by definition involves deficits in parenting. Parents at risk for maltreatment usually receive services targeting parenting behaviors. Those parents, however, often have inflated rates of mental health problems that are not addressed in parenting programs. Problems such as depression, substance use, and trauma are common among child welfare involved parents, but little research has examined how parent mental health impacts parent's program engagement and skill uptake. The current study will examine if and how depression, substance use, and trauma affect early intervention service engagement/attrition and maltreatment risk over time. We will examine whether each mental health problem has an independent effect on those outcomes, as well as any additive or interactive effects. Participants ($N=238$) include a child maltreatment prevention sample of young (mean age =20.5), undereducated (<high school/GED=71.2%), unmarried (77.2%), first-time mothers enrolled in the Nurse Family Partnership program. Half (50.2%) self-identified as Hispanic, 29.5% as White, non-Hispanic, and 11.0% as African-American. Results of this study will increase understanding of how to structure intervention for parents with common mental health problems. Theoretical models of child maltreatment prevention may be extended to include the dynamic between mental health and parenting behaviors.

THU 179**Trauma and First Responders: Psychological Consequences of Being an Emergency Dispatcher**

(Abstract #487)

Poster #THU 179 (Prevent, Anx, Chronic, Depr, Health, Adult) I - N/A**Vincent, Nichole**¹, Henderson, Sarah¹, Straud, Casey²
¹Nova Southeastern University, Fort Lauderdale, Florida, USA²Nova Southeastern University, Davie, Florida, USA

Due to being physically removed from the scenes of traumatic events, emergency dispatchers are a population often not considered "first responders," and overlooked in trauma research. Available research demonstrates that they experience similar problems as their first responder counterparts (e.g. police officers, firefighters) including depression, anxiety, and posttraumatic stress disorder (PTSD). Few studies have addressed the secondary trauma or PTSD they experience from hearing the caller's voice, along with visualizing traumatic events based on the sounds and description of events from callers. Additionally, their frequent aural exposure to trauma (e.g., child drowning, domestic disputes, individuals being shot), and regular exposure to a multitude of intrinsic (e.g. working under time constraints with calls, traumatic calls) and extrinsic (e.g. inadequate training, lack of support from supervisors) stressors contribute to the aforementioned psychological consequences and increased rates of occupational burnout. This study examined the available literature on the prevalence of PTSD, anxiety, and depression among dispatchers; to better understand the psychological toll of their occupation. Results highlight the need for further exploration into occupational stress, its ramifications on dispatchers, as well as the need to improve their mental health and coping strategies.

THU 180**Preventing Violence through Positive Discipline in Everyday Parenting (PDEP)**

(Abstract #1025)

Poster #THU 180 (Prevent, CPA, Commun, Prevent, Lifespan) - Global**Ateah, Christine**¹, Durrant, Joan¹, Barker, Leslie², Stewart-Tufescu, Ashley¹, Pierre Plateau, Dominique³, Holden, George⁴, Jones, Alysha¹, Ly, Gia¹, Peters, Ray⁵¹University of Manitoba, Winnipeg, Manitoba, Canada²Alberta Health Services, Calgary, Alberta, Canada³Save the Children, Bangkok, Patumwan, Thailand⁴Southern Methodist University, Dallas, Texas, USA⁵Queen's University, Kingston, Ontario, Canada

The use of punishment with children reflects an entrenched belief that punishment is an effective means of changing behavior and instilling respect. However, there is research evidence that physical punishment in childhood predicts higher rates of child injury, bullying, dating violence, and violence against spouses and children in later life. An academic-NGO partnership and collaboration resulted in the "Positive Discipline in Everyday Parenting" (PDEP) program (Durrant, 2007) designed to be universal, easily accessible, and based on an integration of academic research findings and human rights principles. It is non-prescriptive and non-punitive; parents are taught a problem-solving framework that they can apply in a wide range of conflict situations with children. The program, evaluation approach, and findings to date on parents' attitudes toward physical punishment; and knowledge of expected child development and behavior will be summarized. Preliminary data on 248 parents indicate a decrease in approval of physical punishment; and an increase in self-efficacy between pretest and posttest scores. Large majorities of participants agreed that PDEP will help them understand their child's development and feelings, communicate better with their children, and control their own anger. The PDEP program has the potential to prevent the use of punitive violence with children.

THU 181**Intolerance of Uncertainty Linked to Greater Depression Symptoms Following Stressful Life Events**

(Abstract #368)

Poster #THU 181 (Prevent, Cog/Int, Depr, Bio/Int, Adult) M - Industrialized**Reiland, Sarah, Hokett, Emily**

Winthrop University, Rock Hill, South Carolina, USA

This study examines the relationships among event characteristics, cognitive factors, and depression symptoms following stressful life events. Participants (n = 214) completed questionnaires that assessed trauma exposure, depression, intolerance of uncertainty, and world assumptions. Hierarchical regression analyses revealed that cognitions, particularly greater intolerance of uncertainty, explained almost 42% more variation in depression scores compared to event characteristics alone. In addition to presenting the results from this study, this paper outlines a specific area for future research that draws from biological research on the relationship between total plasma homocysteine levels and cognitive abilities (see Ford et al., 2013) as well as neurobiological research on the relationship between executive functioning and depression (e.g., Sarapas et al., 2012). This paper proposes that biological

vulnerabilities underlie the risk for depression but that increasing people's cognitive flexibility and tolerance of uncertainty can reduce their risk for depression following exposure to stressful life events.

THU 182

Cognitive Flexibility Linked to Resilience to PTSD Symptoms Following Exposure to Stressful Life Events

(Abstract #369)

Poster #THU 182 (Prevent, Clin Res, Cog/Int, Adult) M - Industrialized

Reiland, Sarah, Nichols, Brady
Winthrop University, Rock Hill, South Carolina, USA

Given high comorbidity between psychological disorders (Kessler et al., 1995), the identification of common risk factors could lead to targeted prevention and intervention strategies that focus on changing thinking patterns that are the most salient predictors of multiple forms of psychopathology. Intolerance of uncertainty (IU) has been shown to relate to deficits in the anterior cingulate cortex (Schienle et al., 2010), an area of the brain involved in the inhibition of fear. It is also associated with a variety of anxiety and mood disorders (e.g., Andrews & Boerkovec, 1998). The current study examined the relationship of IU to each of the four PTSD symptom clusters in the DSM-5 (APA, 2013) in a sample of 214 undergraduate students who reported about their worst life event. Consistent with expectations, IU was strongly positively associated with PTSD symptoms even after controlling for traumatic event characteristics and other cognitive variables. This study adds to the growing body of theoretical, behavioral, and neurobiological research that links IU to increased risk of psychopathology and suggests that IU may be a relevant target to increase resilience following exposure to stressful life events.

THU 183

Examining How Avoidance Coping and PTSD Symptoms Vary According to Alcohol-Related Variables in Recent Traumatic Injury Victims: A Daily Process Model

(Abstract #275)

Poster #THU 183 (Prevent, Acc/Inj, Acute, Assess Dx, Sub/Abuse, Adult) M - Industrialized

Hruska, Bryce¹, **Pacella, Maria**², **George, Richard**³, **Delahanty, Douglas**⁴

¹University of Vermont College of Medicine, Burlington, Vermont, USA

²Medical College of Wisconsin, Milwaukee, Wisconsin, USA

³Summa Health System, Akron, Ohio, USA

⁴Kent State University, Kent, Ohio, USA

Avoidance coping (AVC) is a strong risk factor for PTSD symptomatology (PTSS) in injury victims with alcohol use disorders (AUDs) and positive blood alcohol content (BAC \geq 0.08) upon hospital admission. However, past research has required injury victims to report coping behaviors/symptoms aggregated over weeks/months. Examining daily AVC and PTSS provides the most ecologically valid test of the relationship between these variables in this population. Based on prior research (Hruska et al., 2011), we used experience sampling to examine the cross-level interaction between daily AVC, AUD diagnosis, and BAC status on daily PTSS changes in 68 injury victims admitted to a level 1 trauma center. Six weeks post-injury participants completed the Short Form PTSD-Checklist (Lang & Stein, 2005) and the Coping Responses Inventory (Lawler et al., 2005) 3 times a day for 7 days. Results revealed a significant cross-level interaction ($\gamma=0.31$, $SE=0.14$, $p<0.001$). Within participants, the relationship between daily AVC and concurrent changes in daily PTSS was strongest for people with an AUD and a positive BAC ($\gamma=0.48$, $SE=0.07$, $p<0.001$). These findings highlight the utility of daily monitoring as daily AVC may worsen PTSS in recent injury victims with problematic alcohol use and suggest the importance of targeting daily coping behaviors to reduce PTSS in this population.

THU 184

Perseverative Thinking Style as Predictor of Posttraumatic Symptoms following Deployment Related Trauma

(Abstract #169)

Poster #THU 184 (Prevent, Acute, Cog/Int, Prevent, Mil/Vets, Adult) M - Global

Schönfeld, Sabine, Schäfer, Judith, Höfler, Michael, Wittchen, Hans-Ulrich

Institute of Clinical Psychology and Psychotherapy, TU Dresden, Dresden, Germany

Dysfunctional cognitive processes have repeatedly been found to be predictors of disorders such as PTSD after accident or assault as well as after deployment. Also they have been newly defined as core symptoms in the DSM V. The current study focuses on rumination (and theoretically related processes such as experiential avoidance) and cognitive perseverance as predictors of initial symptoms of depression and PTSD after deployment related trauma. 253 soldiers from the 26th and 27th German ISAF deployment were assessed pre (t1) and post (t2) deployment. A task switch paradigm was administered at t1 together with the perseverative thinking questionnaire (Ehring et al., 2011) and further

cognitive measures such as the AAQ (Bond et al., 2011). At t2, posttraumatic symptoms such as PTSD and depression were assessed via questionnaires, together with potential covariates. Preliminary results show that both, subjective and behavioural measures of cognitive perseverance are associated with symptoms after deployment. Detailed analyses of interactions will be presented. Conclusions will be drawn regarding the role of perseverative thinking in the aetiology and maintenance of PTSD and depression and potentially suitable specifically tailored interventions.

THU 185
Past Trauma and PTSD Severity in Recent Trauma Survivors: Social Support as a Mediator

(Abstract #204)

Poster #THU 185 (Prevent, Chronic, Clinical Practice, Adult) M - Industrialized

McBain, Sacha, Sullivan, Paul, Brucia, Emily, Metcalf, Caitlin, Vanden Bussche, Alicia
Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, California, USA

Lifetime trauma exposure has been associated with PTSD in response to subsequent trauma; erosion of social support is a potential mediator. This study evaluated whether the relationship between past trauma and PTSD severity following a recent trauma was accounted for by positive and negative aspects of social support. Treatment-seeking recent trauma survivors (N = 84) completed the Trauma History Questionnaire, the Duke-UNC Social Support Scale, the Social Constraints Scale, and the PTSD Checklist at pre-treatment baseline. Past trauma was negatively associated with social support ($r = -.25$, $p = .02$), and positively associated social constraint ($r = .22$, $p = .045$) and PTSD symptoms ($r = .23$, $p = .04$). Social support ($r = -.36$, $p = .001$) and social constraints ($r = .43$, $p = .000$) were negatively and positively associated with PTSD, respectively. Mediation analyses demonstrated that the relationship between past trauma and PTSD symptoms related to the recent trauma was mediated by social support and social constraint. Past trauma may impact cultivation, elicitation, and perception of support, which may in turn influence response to subsequent trauma.

THU 186
Interventions to Prevent Symptoms of Post-Traumatic Stress following Mechanical Ventilation: A Literature Review

(Abstract #385)

Poster #THU 186 (Prevent, Clin Res, Clinical Practice, Adult) I - Global

Gosselin, Émilie¹, Lavoie, Stéphan¹, Gélinas, Céline², Bourgault, Patricia¹
¹*Université de Sherbrooke, Sherbrooke, Quebec, Canada*

²*McGill University, Montreal, Quebec, Canada*

Background: Mechanical ventilation for intensive care patients is often responsible for a number of psychological repercussions, akin to symptoms of post-traumatic stress. Nursing interventions seem a promising avenue to reduce patients' stress during this period. Aim: To identify nursing interventions available to reduce the incidence of symptoms of post-traumatic stress following mechanical ventilation. Method: A literature review was conducted in CINAHL, MEDLINE, PubMed and PsychInfo database. The keywords were divided into three categories: interventions, mechanical ventilation and psychological symptoms. Articles were selected according to inclusion criteria: nursing intervention, measured outcome, written in English or French between 2000 and 2015. Results: Overall, 130 articles were identified and 11 were included in the review. There were 6 nursing interventions: music therapy, reflexology, nature-based sounds, specialized generic rehabilitation, mindfulness training and giving concrete objective information before surgery. Level of evidence was variable, from pilot studies to randomised control trials. Conclusion: The review highlights that nursing interventions to prevent symptoms of post-traumatic stress following mechanical ventilation are poorly documented. Further research must focus on developing and validating interventions to improve care for this population.

THU 187
Longitudinal Evaluation of Mindfulness as a Predictor of PTSD and Anxiety in a Recently Deployed National Guard Sample

(Abstract #664)

Poster #THU 187 (Prevent, Anx, Clinical Practice, Train/Ed/Dis, Adult) M - Industrialized

Call, David
Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, USA

Anxiety and stress are prevalent in modern society. Basic science has shown that avoidance of anxiety-related stimuli perpetuates anxiety and stress and can have deleterious effects on psychological functioning. Through the development of present-moment awareness and non-judgmental acceptance, mindfulness has increasingly been shown to decrease avoidance and be a resilience-promoting factor against the negative effects of anxiety and post-traumatic stress disorder (PTSD). While there is considerable literature supporting the association between mindfulness and symptoms of PTSD and anxiety in civilian cross-sectional studies, fewer studies have examined this relationship utilizing longitudinal designs with National Guard members who recently deployed. The present study examined the resilience-promoting effects of mindfulness, over time, on symptoms of PTSD and anxiety with members of Army National Guard Aviation (N = 52) and Infantry (N = 146) battalions who recently returned from deployment. Findings from Generalized Linear Modeling suggest that, controlling for Time-1 symptom reporting, Time-1 mindfulness is a significant predictor of Time-2 anxiety, and Time-2 hyperarousal symptom cluster, but not Time-2 total PTSD. The implications for assessment, and the inclusion of mindfulness training into overall resilience packages in the military, are considered.

THU 189

GETSmart: Guided Education and Training via Smart Phones to Promote Resilience
(Abstract #831)

Poster #THU 189 (Prevent, Clin Res, Prevent, Mil/Vets, Adult) M - Industrialized

Roy, Michael, Costanzo, Michelle, Highland, Krista
Uniformed Services University, Bethesda, Maryland, USA

Subthreshold PTSD impairs quality of life, but has been given little attention therapeutically; new technologies may facilitate intervention. We report preliminary findings of a smartphone-based approach to reduce PTSD symptoms. The GETSmart study randomizes consenting volunteers with PCL scores of 28-49 after war, terrorism or disaster, to resilience enhancement (RE) or a control group (CG), to try to reduce PTSD symptoms. In person or by Skype, a psychologist provides brief cognitive behavioral techniques and describes smart-phone based applications (apps) chosen to promote resilience. Then for 6 weeks, RE participants receive a daily text message directing use of a particular app, such as Eventful to promote social engagement, or yoga or meditation apps for relaxation, while CG participants receive inspirational sayings. All subjects complete the PCL weekly during the intervention, and at 3, 6

and 12 months. To date, 13 have completed the program and 3-month follow-up. PCL scores significantly improved in the RE group from baseline to post-intervention ($p=.001$) and baseline to 3-mo follow-up ($p=.002$), but did not improve significantly in the CG ($p=.14$) despite subjective satisfaction. We provide preliminary evidence that daily directed use of smart phone apps reduces subthreshold PTSD symptoms; final analyses should define the utility of apps alone vs. with guidance.

THU 190

The Role of Social Interaction and Acknowledgement in Recently Traumatized Survivors and their Loved Ones
(Abstract #1493)

Poster #THU 190 (Prevent, Clin Res, Fam/Int, Adult) I - Industrialized

Wagner, Anne, Ennis, Naomi, Sijercic, Iris, Whitney, Natalie, Monson, Candice
Ryerson University, Toronto, Ontario, Canada

Negative social interactions and lack of acknowledgement as a trauma survivor are associated with PTSD symptoms. However, studies have yet to examine these relationships simultaneously in recently traumatized individuals and their close others. The current study examined these associations in a sample of individuals who experienced trauma (TI) as well as a close other (CO) within 6 six months of trauma (N=185). TIs and COs both completed the PTSD checklist (PCL; PCL-CO), the Social Reactions Questionnaire (SRQ) and Social Acknowledgment Questionnaire (SAQ). Stepwise hierarchical regression analyses were conducted with positive and negative SRQ scores in step 1 and SAQ subscales in step 2, predicting PCL and PCL-C scores. Negative (not positive) social interactions significantly predicted PTSD symptoms, and recognition as a victim predicted above and beyond negative social interaction for TIs: Step 1 adjusted $R^2 = 0.10$, $F(2, 99) = 6.79$, $p = 0.002$, Step 2 R^2 change = 0.31 , $F(5,96) = 14.24$, $p < .001$. Negative and positive social interaction only predicted PTSD symptoms for COs. Findings suggest that above and beyond negative social interactions, perceived lack of social acknowledgement as a victim is associated with greater PTSD symptoms after trauma for TIs, and that differences in TI and CO perception may be relevant for intervention. Clinical implications will be discussed.

THU 191**Exploring Compassion Fatigue and Compassion Satisfaction among Police**
(Abstract #28)**Poster #THU 191 (Prevent, Complex, Train/Ed/Dis, Self-Care, Other) M - Industrialized****Papazoglou, Konstantinos, Andersen, Judith, Weerasinghe, Ashini**
University of Toronto, Mississauga, Ontario, Canada

Exposure to violence and adversity is routine for police officers with serious impact on their health (Violanti, 2010). Compassion fatigue (CF) is a form of secondary trauma ("cost of caring") experienced by professionals who work with traumatized populations (Figley, 1995). Ultimately, CF can lead to burnout, which is associated with poor occupational performance (Conrad & Kellar-Guenther, 2006). However, some care-providers experience "compassion satisfaction," 'feelings of increased motivation and satisfaction gained from helping those who suffer.' CS is associated with enhanced job commitment, performance, and quality of life (Stamm, 2002), and may buffer or prevent compassion fatigue and burnout. Although CF and CS have been studied among other care-giving professionals (i.e., trauma therapists), these concepts have not been studied among police. Utilizing a nationally representative sample of North American police officers (n=1,417) our results indicated that 29.1% experienced elevated CF and only 3.9% experienced high CS, which functions as a protective factor in the face of adversities. Critical periods during officers' career exist when CF is elevated and CS is low. Our regression models suggest that CS (adjusted $R^2 = 0.22$) may ameliorate the negative effects of police CF. Results suggest the need for training that fosters CS among police.

Canada in 1999, and aims to train health- and mental health-care workers to better recognize and safely manage violent situations. Objective: We aimed to assess the effects of Omega on employees' psychological distress, perception of risk and fear, and exposure to violence, and to explore potential differences in changes associated with participants' characteristics. Methods: Eighty-nine employees from a psychiatric hospital in Montreal, Canada, were evaluated at three points in time: before the training, after a short period (i.e., M=109 days) and at follow-up (i.e., M=441 days). Paired sample t-tests, one-way analyses of variance, and Cohen's d effect sizes were calculated. Results: Statistically significant improvements in short-term and follow-up posttest scores of psychological distress, perception of risk, and fear of being assaulted were found. Results indicated a decrease in perceived levels of exposure to violence at both short-term and follow-up time points. Some significant differences pertaining to sex, age, and work unit were found. Conclusion: Further research is needed to understand how to improve the effectiveness of the program, especially among participants resistant to change.

THU 194**Evaluation of a Training Program to Prevent and Manage Patients' Violence in a Mental Health Setting: Effects on Employees' Wellbeing and Perception of Risks**
(Abstract #1692)**Poster #THU 194 (Prevent, Aggress, Train/Ed/Dis, Prof) M - Industrialized****Guay, Stéphane, Boyer, Richard**
Université de Montréal & Centre d'Etude du Trauma, Montreal, Quebec, Canada

Workplace violence may lead to serious consequences for victims, organizations and society. The Omega training program was developed in

CLINICAL PRACTICE

THU 195

Trauma, Acculturation and Psychological Adjustment among Bosnian Migrants

(Abstract #580)

Poster #THU 195 (Practice, Cul Div, Refugee, Civil/War, Adult) I - N/A

*Zakowski, Sandra, **Sancanin, Bojana**
Argosy University, Chicago, Illinois, USA*

Bosnian refugees who fled during or after the war report high rates of PTSD, but little is known about predictors of psychological health in this population. Successful acculturation may provide migrants with psychological resources needed for recovery from trauma. This study examined the relationship between traumatic events, PTSD, and life satisfaction, and whether acculturation to the host country buffered the effects of trauma on symptoms among Bosnian migrants in Chicagoland. Ninety-five Bosnian refugees completed the Harvard Trauma Questionnaire (HTQ), Vancouver Index of Acculturation (VIA), and Satisfaction with Life Scale (SWLS). Reported traumatic events ranged from 0 to 40; 20% of participants had clinically significant PTSD symptoms. Traumatic events were correlated with PTSD symptoms ($r=.61$) and SWL ($r=-.48$). Acculturation was negatively related to PTSD ($r=-.25$), and positively with SWL ($r=.50$). ANOVA revealed no significant traumatic events by acculturation interaction on outcomes. Findings indicate high levels of clinically significant symptoms of PTSD, and trauma history continues to be a strong predictor of current psychological health 20 years after the war. Acculturation has salutary mental health effects, and its role in trauma recovery among Bosnian refugees warrants further examination.

THU 196

Bilateral Brain Stimulation in Trauma Therapy: A Randomized Clinical Trial

(Abstract #600)

Poster #THU 196 (Practice, Clin Res, Dev/Int, Bio/Int, Tech, Adult) M - Global

***Zamperi, Maria Aparecida**¹, **Zampieri, Marina**²,
Godoy, Moacir³*

¹EMDR Brasil, Curitiba, PA, Brazil

²Ciclo de Mutação, São José do Rio Preto, SP, Brazil

³FAMERP, São José do Rio Preto, SP, Brazil

Objectives: With the aim of exploring agile and expressive interventions, we evaluated the effects of bilateral brain stimulation (BBS) of Eye Movement

Desensitization and Reprocessing (EMDR) in trauma therapy. Method: A randomized, parallel, before-after, blind study was performed. Thirty nine subjects were randomly distributed to two groups to one session of EMDR protocol: with or without BBS. The results of the Beck scales for anxiety, depression and hopelessness and the impact of events test were compared between groups. Results: The groups were statistically similar before the interventions (Mann-Whitney U test). However the group submitted to BBS, especially in respect to anxiety ($p\text{-value} = 0.03$), had significantly larger improvement. When the study variables were compared using the Wilcoxon signed-ranks test before and after therapeutic sessions, only individuals submitted to BBS had significant improvements for anxiety ($p\text{-value} < 0.0001$), depression ($p\text{-value} < 0.0001$), hopelessness ($p\text{-value} = 0.0001$) and impact of event ($p\text{-value} = 0.0083$). Conclusion: EMDR psychotherapy is appropriate to treat traumatic situations and its bilateral brain stimulation has significant results after the first therapy session in respect to the impact of the event and symptoms of anxiety, depression and hopelessness.

THU 197

Living with the Invisibly Wounded: How Female Partners of Male OEF/OIF/OND Veterans Understand Their Experiences

(Abstract #1843)

Poster #THU 197 (Practice, Fam/Int, Mil/Vets, Adult) I - Industrialized

Farmer, Annie

University of Texas at Austin, Austin, Texas, USA

Systemic effects of PTSD on female partners of male veterans have been demonstrated by research on the spouses of American, Israeli, and Dutch veterans over the last thirty years. Developments in technology and the shift to a volunteer military force fighting in different types of combat have shifted the larger cultural landscape for the current era of veterans and their partners, yet there has been a lack of research employing qualitative methodologies on the experiences of partners of OEF/OIF/OND veterans. In order to address this gap and provide a richer description of partners' perspectives in the current context, a series of in-depth, semi-structured interviews were conducted with 10 women who self-identified as being married to or in a long-term relationship with a male OEF/OIF/OND veteran with PTSD. Interpretive Phenomenological Analysis (IPA) was used to identify themes among the participants' responses. The results shed light on partners' experiences of isolation, women's cognitions related to responsibility and blame for Veterans' behavior, and perceptions of veterans' symptoms. Conclusions

will include clinical implications which may inform individual or couples therapeutic treatment with this population.

THU 198

Predicting PTSS in Trauma Service Patients: An Exploratory Study

(Abstract #740)

Poster #THU 198 (Practice, Acc/Inj, Comm/Vio, Health, Illness, Lifespan) M - N/A

Allee, Lisa

Boston University Medical Center/Boston Medical Center, Boston, Massachusetts, USA

Background: The goal of this study was to screen a mixed population of trauma patients for PTSS in order to add to knowledge of predictors of these precursors to diagnosable PTSD. The aim is to develop screening criteria that will help trauma centers to efficiently and effectively identify patients likely to develop PTSD and provide timely mental health referrals during the initial hospital admission.

Methods: We conducted a retrospective cohort study to identify covariates of PTSS among trauma patients admitted to Boston Medical Center (BMC) between 2006 through 2008. **Results:** Our study included 236 patients. 38 (16.1%) of the 236 study participants had PTSS, as defined by a score of ≥ 45 on the PCL-C. Patients who had experienced intentional injuries and those who experienced penetrating trauma were significantly more likely to be positive for PTSS than those with unintentional injuries or blunt trauma. Those who were employed and those who received pain medications were significantly less likely to have PTSS than those who were unemployed or did not receive pain medications. **Conclusion:** Our findings indicate that trauma patients who experience intentional penetrating injuries are at risk for subsequent development of PTSD. Hospital based resources should focus on this population to provide screening and referrals for PTSS and other mental health sequela of trauma.

THU 199

Examining Treatment Engagement in Trauma-Focused Therapy following Motivational Enhancement Therapy

(Abstract #634)

Poster #THU 199 (Practice, Mil/Vets, Adult) I - Industrialized

Biehn, Tracey, Voss Horrell, Sarah

Salem VA Medical Center, Salem, Virginia, USA

The study objective is to examine differences in trauma-focused treatment (PE and CPT) engagement between veterans who participated in a motivational enhancement therapy (MET; Murphy, Thompson, Murray, Rainey, & Uddo, 2009) group and veterans who did not participate in a MET group. It is hypothesized that veterans who attended the MET group will attend more PE or CPT therapy sessions and will be more likely to complete therapy. Participants were veterans referred to a PTSD specialty clinic at a VA Medical Center. Veterans who expressed ambivalence about engaging in treatment were given the option to participate in a four session MET group prior to beginning PE or CPT. A comparison group of veterans who did not participate in the MET group, but were referred to PE or CPT, provided a control group. Data was collected on: PE or CPT treatment initiation, number of PE or CPT sessions completed, successful completion of trauma treatment, and PTSD symptoms as measured by the PCL. Statistical analyses of data collected for 60 participants will include chi-square analyses and *t*-tests to examine the differences between the MET and control groups. Results can provide data on the effectiveness of MET therapy with respect to treatment engagement and success in trauma-focused treatment.

THU 200

The Differential Impact of Most Traumatic Life Event on Posttraumatic Stress Disorder Symptoms in Women Veterans

(Abstract #880)

Poster #THU 200 (Practice, Clinical Practice, Complex, Health, Mil/Vets, Adult) M - Industrialized

McGee, Betsy¹, Mengeling, Michelle², Sadler, Anne¹, Booth, Brenda³, Torner, James⁴

¹Iowa City VAMC--CADRE, Iowa City, Iowa, USA

²CADRE, Iowa City VA Health Care System, Iowa City, Iowa, USA

³University of Arkansas, Little Rock, Arkansas, USA

⁴University of Iowa, Iowa City, Iowa, USA

Objective: To examine trauma-specific predictors of posttraumatic outcomes in women veterans.

In this retrospective cohort study, VA-enrolled US service women (< 52 years of age) were asked to identify their most traumatic life event and to rate the presence and severity of PTSD symptoms. Among the participants (1004 women; mean=38 years), 95% endorsed one of the queried traumas as their most traumatic event : 29% (n=293) identified sexual assault (SA), 8% (n= 66) identified combat (COM), and 62% (n=597) identified other trauma (OT). No

differences in PTSD severity were found between COM and SA. However, when the type of trauma was further differentiated, those who identified their worst trauma as military SA (n=171) had significantly higher PTSD severity scores (mean=16.0) than those who identified non-military SA (n=122, mean=8.3), COM (mean=13.6), or OT (mean=9.5). Moreover, participants who endorsed a self-oriented trauma as the most distressing were more likely to have higher PTSD severity than those endorsing other-oriented trauma. These findings underscore the importance of recognizing the trauma-specific factors on posttraumatic outcomes. Specifically, the type of the traumatic event, as well as the subjective experience relative to the traumatic event, appear to be more strongly associated with PTSD severity than trauma exposure alone.

THU 201
Peritraumatic Risk Factors for PTSD in a Sample of Battered Women
 (Abstract #1153)

Poster #THU 201 (Practice, Assess Dx, Adult) M - Industrialized

Gómez-Gutiérrez, M. Mar, Fernández-Lansac, Violeta, Crespo, Maria
Universidad Complutense De Madrid, Madrid, Spain

Peritraumatic risk factors for PTSD include trauma severity, perceived threat of injury or death, peritraumatic dissociation and intense emotional (e.g., shame and guilt) responses (Bernardy and Friedman, 2015). This study analyzes the relationship between these risk factors for PTSD in a sample of 50 battered women. The battery of instruments was an ad hoc personal data form, Global Assessment of Posttraumatic Stress-EGEP (Crespo and Gómez, 2012) a self-report measure aimed to assess PTSD providing both PTSD diagnosis and symptoms severity, and the Peritraumatic Dissociative Experiences Questionnaire (Marmar, Metzler and Ott, 2004), a self-report inventory used to assess dissociation that occurred at the time of a trauma. Descriptive statistics will be used to summarize the demographics, severity of trauma, presence of peritraumatic dissociation, and presence and intensity posttraumatic symptoms and PTSD. To compare the presence of posttraumatic symptoms and PTSD depending on the risk factors experience, the chi-square test was applied for qualitative variables and the Kruskal-Wallis test for quantitative variables. Clinical implications of the results will be discussed.

THU 202
Social-Ecological Predictors of Externalizing Behavior Trajectories in At-Risk Youth
 (Abstract #1545)

Poster #THU 202 (Practice, Aggress, CPA, CSA, Fam/Int, Child/Adol) M - Industrialized

Figge, Caleb¹, Martinez-Torteya, Cecilia¹, Weeks, Jessica²

¹DePaul University, Chicago, Illinois, USA

²University of Utah, Salt Lake City, Utah, USA

Research consistently links youth externalizing problems and later psychopathology, substance use, and delinquency. Although an array of risk and protective factors for externalizing problems has been identified, few studies have examined factors longitudinally and at multiple social-ecological levels. Delineating predictors of externalizing behavior in a child's social ecology will help optimize prevention and intervention efforts aimed at curtailing maladaptive outcomes. The current study examined externalizing behavior trajectories in 1,094 at-risk youth (51% girls) from the LONGSCAN multi-site study, and aims to extend prior trajectories found for 4-10 year olds in this sample. Caregiver-reported Child Behavior Checklist (CBCL) externalizing behavior T-scores at ages 10, 12, 14, and 16 were used to estimate group trajectories via Growth-Based Trajectory Modeling. Analyses revealed optimal fit for 6 distinct trajectories: 1) Low-Sustaining (n=212), 2) Mid-Sustaining (n=356), 3) High-Sustaining (n=70), 4) Decreasing (n=120), 5) Increasing (n=315), and 6) Strongly Increasing (n=21). This poster, via multinomial logistic regression, will evaluate individual (e.g., trauma), family (e.g., maltreatment), and neighborhood level (e.g., neighborhood risk) predictors of group membership, providing a comprehensive model of factors that contribute to externalizing problems over time.

THU 203
Symptom Attribution in Veterans Diagnosed with Posttraumatic Stress Disorder and Comorbid Traumatic Brain Injury Undergoing Prolonged Exposure Treatment
 (Abstract #1754)

Poster #THU 203 (Practice, Acc/Inj, Assess Dx, Bio/Int, Mil/Vets, Adult) M - Industrialized

Yelland, Sherry¹, Wolf, Gregory², Vanderploeg, Rodney²

¹James A Haley VA Hospital & Polytrauma Center, Tampa, Florida, USA

²James A. Haley VA Medical Center, Tampa, Florida, USA

PTSD and TBI are considered the “signature injuries” sustained in the wars in Iraq and Afghanistan. However, veterans may experience stigma and prefer a medical explanation of their symptoms (e.g. TBI) rather than a psychiatric diagnosis (e.g. PTSD). The present study examined the relationships between participants’ pre-treatment symptom attributions (SA) (i.e., PTSD, TBI, or other factors) and treatment outcomes with prolonged exposure (PE). Participants were 43 OIF/OEF/OND Veteran’s diagnosed with PTSD and TBI receiving treatment at a VA medical center. Forty-one participants were male and 3 female, with a mean age of 33.18 (SD = 7.34). We examined correlates between pre-treatment SA and PTSD (PCL-C), TBI (Neurobehavioral Symptom Inventory, NSI), and depression (BDI-II) scores. No significant correlations were found between SA and pre-treatment symptom measures (i.e., PCL-C, NSI, or BDI-II) or any relationship between changes in PTSD, TBI, or depression symptoms over the course of PE. However, noncompleters attributed a higher proportion of their symptoms to PTSD (44%) compared to completers (24%; $p < .018$). In contrast, completers attributed a higher proportion of their problems to TBI or other factors. Perhaps -these attributions to non-mental health factors were less stigmatizing and facilitated ongoing engagement and completion of PE.

THU 204
Health System Response to Primary Care Screening for PTSD and Major Depressive Disorder

(Abstract #1290)

Poster #THU 204 (Practice, Assess Dx, Pub Health, Mil/Vets, Care, Adult) M - Industrialized

Shiner, Brian

Dartmouth Medical School, White River Junction VT, Vermont, USA

OBJECTIVE: Primary care screening programs for mental health disorders are designed to detect patients who might benefit from treatment. As such, the utility of these programs is predicated on the actions that take place in response to a positive screen. Our objective was to characterize the cascade of care delivery steps following a positive screen for a mental health disorder. **METHOD:** We examined the care received by primary care patients over the year following a new positive screen for PTSD or depression. We characterized whether the care adhered to practice guidelines for related mental health disorder and whether involvement of mental health specialists led to higher use of guideline-adherent practices. **RESULTS:** Many patients received appropriate treatment in the primary care

setting and those whose scores were consistent with more severe illness were more likely to receive care in a mental health setting. Patients who screened positive for PTSD had a higher chance of seeing a mental health provider and of receiving most of their care in a mental health specialty setting. **CONCLUSION:** It appears that primary care physicians either feel less comfortable treating PTSD or that they perceive PTSD as a more serious condition requiring specialty attention. Future qualitative work should focus on the reasons for this referral pattern.

THU 205
Shame versus Guilt as Mediators of the Relation between PTSD Symptoms and Verbal Aggression among Returning Veterans

(Abstract #935)

Poster #THU 205 (Practice, Affect/Int, Aggress, Mil/Vets, Adult) M - Industrialized

Haller, Moira¹, Crocker, Laura¹, Norman, Sonya², Angkaw, Abigail³

¹VA San Diego Healthcare System, San Diego, California, USA

²National Center for PTSD, San Diego, California, USA

³San Diego VA/University of San Diego, San Diego, California, USA

It is well established that PTSD is associated with various forms of aggression, though the mechanisms by which PTSD is related to aggression are not fully understood. Some research suggests that the tendency to experience shame, but not guilt, contributes to aggression in non-veteran samples. Utilizing a sample of 127 returning veterans with combat/military-related trauma seeking PTSD treatment (95% male, mean age = 32.93), this study tested whether trait shame but not aspects of trauma-related guilt would mediate the relationship between PTSD and verbal aggression. Verbal aggression is more common but less researched than other forms of aggression. Negative binomial path analyses tested a multiple mediational model in which shame versus guilt (separate models entered the effects of global guilt, guilt cognitions, and guilt distress) were examined as mediators of PTSD symptoms on verbal aggression. Results indicated that shame partially mediated the association of PTSD symptoms with verbal aggression. Although PTSD symptoms were associated with higher levels of all aspects of guilt, guilt did not significantly mediate PTSD symptoms’ relation with verbal aggression. These results suggest that interventions aimed at reducing verbal aggression in the context of PTSD may benefit from

targeting shame specifically.

THU 206

Life-Threatening Illness-Related Posttraumatic Stress Disorder: A Case-Control Study

(Abstract #1036)

Poster #THU 206 (Practice, Assess Dx, Clinical Practice, Illness, Adult) M - Latin Amer & Carib

Cavalcanti-Ribeiro, Patrícia¹, Netto, Liana², Pereira, Juliana³, Nogueira, Jose Romulo³, Morais-de-Jesus, Mychelle², Quarantini, Lucas³

¹Universidade Federal do Rio Grande do Norte, Caicó, Rio Grande do Norte, Brazil

²Universidade Federal da Bahia, Salvador, Bahia, Brazil

³Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Salvador, Bahia, Brazil

The aim of this study enrolling college students is to identify significant socio-demographic and clinical features associated with Posttraumatic Stress Disorder (PTSD) for those subjects who have had life-threatening illness (LTI) as a traumatic event (TE). We performed a population-based matched case-control study. 58 students who had experienced LTI with PTSD were individually matched to 58 students without PTSD according to other TE. Bivariate and Multivariate Conditional Logistic Regression was applied for data analysis. The prevalence of PTSD among the students that experienced LTI as a traumatic event was 25.9%. Female gender (OR 3.53; 95%CI 1.24–10.06) and a past of poor school performance (OR 6.34; CI 1.69–23.7) were associated to PTSD, even after multivariate analysis. The association between PTSD and attempted suicide was significant in bivariate analysis (OR 3.89; 95%CI 1.26–12.01) and when adjusted for gender (OR 3.89; 95%CI 1.26–12.01). The high prevalence of PTSD suggests that strong consideration should be given to LTI as a qualifying TE to development of PTSD. In addition, patients need be carefully screened for suicidal behavior. The findings about school performance indicate the importance of investigating cognitive processes in a person's responses to traumatic experience.

THU 207

Facebook Memorial in Response to Vehicular Homicide: A Qualitative Analysis

(Abstract #1267)

Poster #THU 207 (Practice, Acute, Clin Res, Death, Grief, Lifespan) I - Industrialized

Goldberg, Yonina, Berger, Chaya, Wigod, Talia, Petitti, Christina, Demaria, Thomas
Long Island University, C.W. Post Campus,
Brookville, New York, USA

Memorials are known to assist grieving individuals by allowing a further or final connection with the deceased (Foot, Warnick, & Schneider, 2006). Recently, Facebook memorials have come to replace or accompany physical memorials in allowing for the bereaved to symbolically communicate with the departed (DeGroot, 2012). Facebook is a medium for support and connection and can therefore strongly impact upon healthy grief and coping in comparison with traditional memorials (Neimeyer, 2001). The present study examined 75 Facebook posts in response to a sudden death. A drunk driver tragically killed a young man in 2010 who was very involved in teaching and community outreach. His friends and family, in response, collected memories, photos, and lessons they had shared with this man via Facebook in order to help cope with the tragedy. The objective of this study was to analyze the themes and responses arising from this memorial. Facebook posts were examined for thematic patterns and these themes will be discussed. Trends in the findings will be shared and implications for the function of social media memorials as an aid to those grappling with traumatic grief in sudden death will be discussed.

THU 208

Predictors of Posttraumatic Growth and Posttraumatic Stress Symptoms in Undergraduates with a Trauma History

(Abstract #1559)

Poster #THU 208 (Practice, Cog/Int, Adult) I - Industrialized

Owens, Gina

University of Tennessee - Knoxville, Knoxville, Tennessee, USA

After a traumatic event, individuals frequently must make sense of the trauma. For some individuals who are not yet able to successfully process their trauma, disorders such as posttraumatic stress disorder (PTSD) may result. At times, individuals report posttraumatic growth (PTG) from making meaning after trauma. The present study examined personality characteristics, relationship attachment style, and current meaning-making as predictors of PTG and PTSD. A sample of 229 undergraduates completed measures assessing trauma history, personality, attachment style, meaning-making, PTG, and PTSD. Higher levels of extraversion, agreeableness, conscientiousness, meaning-making, and lower levels of avoidant attachment were significant predictors of

higher PTG. Lower levels of neuroticism and attachment anxiety, and higher levels of meaning-making were significant predictors of lower PTSD severity. The meaning-making x attachment anxiety interaction also significantly predicted PTSD severity. Thus, current meaning made seems important to both PTG and PTSD. Personality characteristics were more highly associated with PTG versus PTSD and attachment styles relevant to both outcomes also differed, with avoidant attachment strongly related to growth and attachment anxiety strongly related to PTSD. Implications of these findings for working with trauma survivors will be discussed.

THU 209

Parental Functioning and Trauma Exposure: The Relationship with Child Trauma Exposure, PTSD, and Treatment Response (Abstract #1584)

Poster #THU 209 (Practice, Acute, Chronic, Clin Res, Refugee, Child/Adol) I - Industrialized

Ros, Anna¹, *Torres, Stephanie*¹, *Kolbuck, Victoria*¹, *Suarez Cano, Gabriella*¹, *Raviv, Tal*², *Santiago, Catherine*¹

¹Loyola University Chicago, Chicago, Illinois, USA

²Ann & Robert H. Lurie Children's Hospital of Chicago, Feinberg School of Medicine Northwestern University, Chicago, Illinois, USA

Children may develop post-traumatic stress disorder (PTSD), depression, or anxiety following a variety of traumatic events (Perrin, Smith & Yule, 2000). Low-income children are at greater risk for multiple trauma exposures in addition to poor parental mental health (Stein et al., 2003). PTSD has been found to be significantly related across parent-child generations (Sack, Clarke, & Seeley, 1995). This study examines links between parental trauma exposure and functioning with child trauma exposure, PTSD, and treatment response. Participants included 43 1st-4th graders ($M = 7.80$; 58% male; 88% Latino) who were identified by school social workers using the Traumatic Events Screening Inventory (TESI; Ford, et al., 2002) and UCLA PTSD Reaction Index (Pynoos, et al., 1999). Students were randomly assigned to receive Bounce Back (an early school-based intervention for elementary students) immediately or after a 3-month delay. Treatment consisted of ten group sessions teaching cognitive-behavioral skills with parent educational sessions and individual trauma narrative sessions. Preliminary analyses reveal that parents ($M = 7.59$) and children ($M = 6.68$) reported similar levels of trauma exposure at baseline, $r = .42$, $p = .004$. Additional analyses will examine the impact of parental trauma exposure and psychological functioning on child functioning and treatment response.

THU 210

Adolescent Sensation Seeking as a Potential Moderator in Trauma Exposure-- Delinquent Behavior Association

(Abstract #1731)

Poster #THU 210 (Practice, Chronic, Comm/Int, Health, Child/Adol) I - Industrialized

Ramirez, Brenna¹, *Tomascak, Shannon*¹, *Allwood, Maureen*²

¹John Jay College of Criminal Justice (CUNY), New York, New York, USA

²John Jay College, CUNY, New York, New York, USA

Sensation-seeking (SS) peaks in adolescence (Lynne-Landsman, et al, 2011) and is associated with delinquent behaviors (Greene, et al, 2000). Delinquent behaviors in youth are also associated with high rates of trauma exposure and Posttraumatic Stress Disorder (PTSD) symptoms, whether the focus is on community youth (Allwood & Bell, 2008) or justice-involved youth (Kerig & Becker, 2010). Nonetheless, research examining the associations among trauma exposure, PTSD, and SS has primarily been conducted with veterans, with studies yielding inconsistent findings regarding the relationship between trauma and SS (Neria, et al, 2000; Wang, et al, 1997). To examine the possible associations of trauma and SS in youth and to further examine the combined associations with delinquent behaviors, this study examined both a mediator and a moderator model of SS in the association between trauma exposure and delinquent behaviors. The participants across two studies were racially/ethnically/economically diverse adolescents ($n = > 80$, age 12 - 18). Early findings indicate the Zuckerman Sensation Seeking Scale subscales are significantly associated with delinquent behaviors, and that the Boredom subscale is significantly related to violence exposure. Both the mediation and moderation models will be conducted with more general traumas that have been shown to be association with delinquent behaviors.

THU 212

Time Perception and Interpersonal Functioning in Childhood Trauma Survivors

(Abstract #1965)

Poster #THU 212 (Practice, CPA, CSA, Chronic, Complex, Adult) I - N/A

Van Cleave, Treva, *Fehertoi, Nicholas*, *D'Andrea, Wendy*

The New School for Social Research, New York, New York, USA

Literature on childhood trauma has highlighted negative life experiences connected to development of psychopathology and interpersonal functioning, including affect dysregulation, impulsivity, externalizing symptoms and abandonment worry. The perception of time has additionally been implicated in attending to environmental stimuli and impulsivity in people with such symptoms. This study sought to better understand the effects of emotional stimuli on time perception, and its connection to childhood trauma and symptom manifestation. We administered N=150 participants the Childhood Trauma Questionnaire, Inventory of Altered Self-Capacities, and then asked participants to detect a segment of time after being primed with IAPS images, counterbalanced for valence and arousal. Findings indicate people who perceived time as passing more slowly (overestimated) had higher occurrence of childhood sexual trauma than those who underestimated, regardless of valence and arousal. People who overestimated time scored higher on subscales of interpersonal conflicts, abandonment concern, susceptibility to influence, affect dysregulation, and tension reduction on the IASC. Understanding the connection between perception of time passing and externalizing symptoms could illuminate the subjective experience of childhood trauma survivors and allow for such interventions in the therapeutic setting.

THU 213
Relationships between Adverse Childhood Events and Health Outcomes in Oncology Patients

(Abstract #2009)

Poster #THU 213 (Practice, Bio Med, Chronic, Health, Illness, Adult) I - N/A

Roi, Cody, Reuther, Erin
 Louisiana State University Health Sciences Center,
 New Orleans, Louisiana, USA

Receiving the news of a cancer diagnosis can distressing and stressful (Kugaya et al., 2000). A potential subsequent risk is the development of a new comorbid psychiatric condition after receiving the cancer diagnosis. Additionally, adverse childhood events (ACEs) have been linked to both mental and physical health outcomes. The current study seeks to better understand the relationship between ACEs and adjustment to receiving a cancer diagnosis as an adult. This study compared two groups of patients with cancer at an outpatient oncology clinic—1) oncology patients with a comorbid psychiatric diagnosis referred for psychiatry services, and 2) oncology clinic patients with no active or past psychiatric history. Participants were administered the ACE Screen as well as self-report forms including

the Depression Anxiety Stress Scale (DASS-21), the FACT-G7, and the physical wellbeing subscale of the FACT-G. It is expected that patients with higher scores on the ACE will have more problems adjusting to a cancer diagnosis supported by both higher mean ACE scores in the psychiatric vs. non-psychiatric group as well as by a positive correlation between ACE scores and scores on the DASS. Recruitment has started. Recruitment and data analysis will continue throughout the next year.

THU 214
Prior Exposure to Combat and its Consequences in a Cohort of Civilian Injury Survivors

(Abstract #2058)

Poster #THU 214 (Practice, Acc/Inj, Complex, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Ingraham, Leah¹, Russo, Joan², Neam, Victoria¹, Darnell, Doyanne¹, Love, Jeff³, Zatzick, Douglas¹

¹University of Washington/Harborview Medical Center, Seattle, Washington, USA

²University of Washington School of Medicine, Seattle, Washington, USA

³University of Washington, Seattle, Washington, USA

A study of the Vietnam generation showed that receiving a lower draft number was associated with greater risk of post-deployment death from motor vehicle crashes and suicide. Combat exposure is a relatively frequent occurrence among injured trauma survivors presenting to US trauma centers. We explored the prevalence of pre-injury combat exposure in randomly sampled injury survivors (N=878) and the differences in clinical and demographic characteristics between combat and non-combat exposed patients. The National Co-morbidity Survey's trauma history screen was used to assess lifetime trauma including combat exposure; PTSD symptoms were assessed with the PCL. Only four of the 83 patients who endorsed combat were female. Male patients with combat experience were older ($X^2_3=6.59$, $p=.09$), and in age adjusted analysis, were significantly more likely to be married (OR=2.00, 95% CI=1.20, 3.32), and less likely to have documented polysubstance use (OR=0.23, 95% CI=0.05, 0.95). There were no significant differences between groups with regard to PTSD symptoms related to the injury ($F(1,574)=2.26$, $p=.13$); however, combat exposed males experienced previous, undisclosed traumas at significantly higher rates ($X^2_1=5.07$, $p=.02$). Future inquiry should continue exploring the unique characteristics of combat exposed populations treated outside of military or veteran hospital settings.

THU 215**Screening for Intimate Partner Violence and Mental Health during Prenatal Visits: Perspectives of Family Medicine Providers**
(Abstract #2068)**Poster #THU 215 (Practice, Anx, Depr, DV, Care, Other) M - Industrialized****Hawkins, Alesia***University of Illinois, Rockford, Illinois, USA*

Approximately 324,000 women experience IPV during pregnancy. Routine inquiry around IPV is often not implemented in medical settings and less than 15% of female patients report being asked about abuse by healthcare professionals. OB care is an integral part of many family physicians' scope of practice. Nearly 25% of family physicians provide maternity care. The objective of the current study was to identify reasons providers would not assess for IPV and mental health (depression, anxiety) and identify suggestions to address challenges identified. Twenty family medicine providers who provide prenatal care in a family practice clinic participated. Study participation included a brief questionnaire about screening/assessment habits followed by focus group discussion. Most providers screened for depression using the PHQ-9 and anxiety screening was less reported. Fifty-five percent of providers reported asking about IPV at the first OB visit only. Most providers discussed discomfort with talking about IPV, lack of IPV screens available, partner present, and focus on medical issue as barriers. Providers discussed time constraints and limited medication options as barriers to mental health screening. Most described need for using EMR for prompts, available in-house behavioral health services, and longer visits. Addressing barriers will encourage proper screening and assessment.

THU 216**Dropout and Outcome from EBPs in a Real World VA PTSD Clinic**
(Abstract #510)**Poster #THU 216 (Practice, Clin Res, Clinical Practice, Mil/Vets, Adult) - Industrialized****Niles, Barbara**¹, Polizzi, Craig², Fisher, Lisa³¹VA Boston Healthcare System, National Center for PTSD, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA²VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA³Boston VA Healthcare System, Boston, Massachusetts, USA

Early termination and noncompliance with treatment are garnering increasing attention in the rollout of Evidence Based Practices (EBPs) in the Veterans Affairs (VA) system. This presentation will highlight some of the challenges faced by clinicians treating Veterans with PTSD in VA clinics. A program evaluation was conducted at a VA Boston Healthcare System PTSD Clinic utilizing clinician ratings and a review of medical records. Findings suggest that no show and dropout rates are substantial even among Veterans who appeared motivated and agreed to trauma-focused and change-oriented treatment. Of the 67 Veterans who were assigned to trauma-focused EBP treatment, 10 (15%) did not show up for the first appointment, even after attempts to contact and reschedule them. An additional 22 (33%) dropped out of treatment before session 6. Based on PTSD Checklist scores and clinical impression for the 24 Veterans who had completed treatment (treatment was ongoing for 12), 3 (12%) were rated as a "treatment success," 13 (54%) as a "partial success," 8 (33%) as "no change," and none (0%) as "worsening symptoms." Findings will be discussed in relation to extant literature on treatment outcomes in both clinical and research settings.

THU 217**Somatic Experiencing: Theory and Clinical Principles**

(Abstract #1416)

Poster #THU 217 (Practice, Complex, Bio/Int, Train/Ed/Dis, Mil/Vets, Prof) - Industrialized**Ross, Gina**¹, Brom, Danny², Lawi, Cathy³¹International Trauma Healing Institute, Los Angeles, California, USA²Hebrew University of Jerusalem, Jerusalem, Israel³International Traumahealing Institute Israel, Raanana, Israel

Developed by Dr. Peter Levine, Somatic Experiencing (SE) is a treatment modality for PTSD. Based on the premise that during traumatic events biologically based, self-protective and defensive responses are being activated, PTSD develops when the completion of these responses is thwarted. SE proposes that the unused autonomic arousal needs to be discharged and the movements of defense completed in order to reestablish self-regulation. This lecture will cover Somatic Experiencing basic principles, with a focus on its unique contributions of discharge and titration, which distinguish SE from other forms of evidence-based therapies. The concept of discharge, one of SE's main theoretical and clinical elements, refers to the process of involuntary autonomic release of energy which helps the autonomic nervous system recover its balance. The second concept of titration is

a very gradual approach that creates increasing stability and resilience. Titration is about carefully touching into the smallest drop of survival based arousal to prevent painful flooding and retraumatization. SE promotes "reworking the event", discharging stuck arousal in gradual ways, and completing only what was thwarted. SE is gentle on clients and avoids therapist burnout.

THU 218**Single Versus Multiple Traumatic Losses in a Family: A Qualitative Study**

(Abstract #1364)

Poster #THU 218 (Practice, Chronic, Clinical Practice, Death, Grief, Adult) I - Industrialized

Berger, Chaya, Goldberg, Yonina, Gerber, Juliet, Wigod, Talia, Petitti, Christina, Demaria, Thomas
Long Island University, C.W. Post Campus,
Brookville, New York, USA

The experience of multiple losses has been shown to be unique and varied for each individual (Elmslie, 2012). While a traumatic loss can have a deep and lasting impact on the bereaved, multiple traumatic losses, specifically those close in time, can result in the longest experiences of grief (Mercer & Evans, 2006). The present study analyzed the grieving process of two young adults who lost a family member to a sudden heart attack and another family member to a drunk driver a month following the initial loss. Interviews were conducted to discuss their experiences surrounding the traumatic incidences, the impact of the different causes of death, their grief processes, and their coping strategies surrounding each loss. Religious and spiritual coping were assessed. Qualitative analyses were conducted in order to ascertain patterns in the grieving processes of the interviewees following the initial versus the secondary loss. Implications for clinical practice with individuals grieving single versus multiple losses will be discussed.

BIOLOGICAL/MEDICAL**THU 219****Neural Correlates of Emotional Distraction on Cognitive Functioning in Post-Traumatic Stress Disorder**

(Abstract #363)

Poster #THU 219 (Bio Med, CPA, CSA, Complex, Neuro, Adult) - Industrialized

Herzog, Julia¹, Krause-Utz, Annegret², niedtfeld, inga¹, Ludaescher, Petra¹, Rausch, Sophie¹, Bohus, Martin¹, Schmahl, Christian¹

¹Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany, Mannheim, Baden-Württemberg, Germany

²Leiden University, Mannheim, Baden Württemberg, Germany

Posttraumatic Stress Disorder (PTSD) is characterized by high emotional reactivity and impaired inhibition of emotional processing, which suggests an increased emotional distractibility. Several studies have revealed a dysfunctional network of brain regions in PTSD, including a hyperreactivity of limbic and decreased activation of prefrontal regions. This study investigates the effects of task- irrelevant emotional stimuli on the performance in an adapted working memory task and an emotional stroop task while using fMRI in patients with PTSD compared to trauma-exposed healthy controls (TC) and non-trauma-exposed healthy controls (HC). Preliminary data suggest that PTSD patients showed increased reaction times and more errors for trauma- related stimuli. On the neural level, PTSD patients showed decreased activation in prefrontal regions (medial frontal gyrus, anterior cingulate gyrus) and an increased differential activation pattern in neural networks (dorsal anterior cingulate cortex, insula, amygdala) involved in emotion processing. PTSD patients display increased behavioral and neural interference to trauma-relevant stimuli when compared to TC and HC.

THU 220**Dissociation and Pain Sensitivity after Childhood Interpersonal Violence in Adults with and without Posttraumatic Stress Disorder**

(Abstract #364)

Poster #THU 220 (Clin Res, CPA, CSA, Complex, Health, Adult) - Industrialized

Rausch, Sophie, Bohus, Martin, Schmahl, Christian, Ludaescher, Petra, Kleindienst, Nikolaus, Herzog,

Julia, Lis, Stefanie

Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany, Mannheim, Baden-Württemberg, Germany

Both stress associated analgesia and dissociative symptoms have been showed in studies comparing combat veterans with and without PTSD (Pitman et al., 1990; Lanius et al., 2001). We present first evidence comparing pain sensitivity and dissociative symptoms under distress in survivors of childhood sexual abuse (CSA) with PTSD, survivors of CSA without PTSD (TCs) and participants without any traumatic experiences and mental disorders (healthy controls, HCs). Up to date, we investigated 41 PTSD patients, 25 TCs and 18 HCs in a valid stress-induction paradigm. Thermal pain stimuli were applied three times under distress. After each application, participants rated the subjective pain intensity. Dissociation was assessed at baseline and under distress. Preliminary data suggest similar pain sensitivity in PTSD patients ($M=51.5$) and TCs ($M=52.2$), as compared to higher pain sensitivity in HCs ($M=61.8$). With regards to dissociation, PTSD patients showed an increased level of dissociative symptoms ($M=2.3$) as compared to TCs ($M=0.2$) and HCs ($M=0.2$) under distress. Likewise, the same pattern holds true for dissociative symptoms under rest. Preliminary data suggest that levels of dissociative states differentiate between survivors of CSA with and without PTSD, whereas pain sensitivity is decreased in both groups of abuse survivors as compared to healthy controls.

THU 221

A Prospective Study of Posttraumatic Stress Disorder Symptoms, Physical Activity, and TV Viewing among Women
(Abstract #772)

Poster #THU 221 (Prevent, Pub Health, Aging, Adult) - Industrialized

Winning, Ashley¹, Gilsanz, Paola¹, Chen, Qixuan², Roberts, Andrea¹, Sumner, Jennifer², Rimm, Eric¹, Koenen, Karestan², Kubzansky, Laura¹

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

²Columbia University, Mailman School of Public Health, New York, New York, USA

Posttraumatic stress disorder (PTSD) is associated with sedentary behavior, which is a risk factor for cardiovascular disease; however, much existing research is cross-sectional. Using data from the Nurses' Health Study II ($N=50347$) with measurements in 1991, 1997, 2001, 2005 and 2009, we assessed whether PTSD was associated with subsequent increases in TV viewing and decreases in

physical activity over time. We used linear mixed models to assess behavioral trajectories among women reporting trauma/PTSD onset prior to 1991, and linear spline models to assess behavioral change pre- and post-onset of PTSD among women reporting onset after 1991. Compared to women without trauma exposure, TV viewing increased more steeply among women with trauma exposure and 0 PTSD symptoms ($b=.16$, $SE=.03$, $p<.0001$), 1-3 symptoms ($b=.31$, $SE=.04$, $p<.0001$), 4-5 symptoms ($b=.38$, $SE=.05$, $p<.0001$), and 6-7 symptoms ($b=.54$, $SE=.06$, $p<.0001$). A similar dose-response pattern was observed for decreases in physical activity. Among women reporting onset after 1991, no between-group differences in physical activity z-scores were observed prior to onset; after onset, women with at least 6 PTSD symptoms had a steeper decline ($b=-.07$, $SE=.02$, $p=.002$) than trauma-exposed women without PTSD. Sedentary behavior may be a pathway through which PTSD influences cardiovascular disease among women.

THU 222

Duration of Post-traumatic Stress Disorder Symptoms and Risk of Subsequent Cardiovascular Disease
(Abstract #773)

Poster #THU 222 (Bio Med, Illness, Pub Health, Adult) - Industrialized

Gilsanz, Paola¹, Winning, Ashley¹, Sumner, Jennifer², Roberts, Andrea¹, Chen, Qixuan², Rimm, Eric¹, Koenen, Karestan², Kubzansky, Laura¹

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

²Columbia University, Mailman School of Public Health, New York, New York, USA

Posttraumatic stress disorder (PTSD) symptom severity has been associated with cardiovascular disease (CVD) risk but the potential effects of chronicity are unclear. We examined the association between both severity and chronicity of time-updated PTSD symptoms and incident CVD over a 20-year period among 24,207 women with PTSD in Nurses' Health Study II. We used proportional hazards models to estimate hazards ratios (HRs) for confirmed CVD events ($n=225$). PTSD symptoms, assessed using Breslau's PTSD screen, were classified as low (1-3), moderate (4-5), or severe (6-7). All models adjusted for age, family history of CVD, race, and childhood factors. Additional models adjusted for potentially mediating health behaviors (smoking, physical activity, drinking, and diet) and medical conditions (body mass index, hypertension, Type 2 diabetes, and hormone replacement therapy). Every 5-year increment of moderate or severe PTSD symptoms is associated with 6% and 9% excess hazard of incident

CVD, respectively. Duration of severe PTSD symptoms remained significantly associated with CVD risk albeit somewhat attenuated after adjustment for health behaviors and medical conditions (5-year aHR =1.06; 95% CI: 1.00-1.13). Low PTSD symptom duration was not associated with CVD risk. Our findings suggest that individuals with chronic elevated PTSD symptoms should be monitored for CVD risk.

THU 223

Posttraumatic Stress Symptoms and Risk of Incident Hypertension in Women over a 22-Year Period

(Abstract #774)

Poster #THU 223 (Bio Med, Bio Med, Health, Illness, Aging, Adult) - Industrialized

Sumner, Jennifer¹, Kubzansky, Laura², Roberts, Andrea², Gilsanz, Paola², Winning, Ashley², Rimm, Eric², Koenen, Karestan¹

¹Columbia University, Mailman School of Public Health, New York, New York, USA

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

Posttraumatic stress disorder (PTSD) is linked to risk of hypertension, a major risk factor for heart disease and stroke. However, most research has been cross-sectional, and tests of mechanisms are lacking. Moreover, PTSD occurs twice as frequently in women as men, and hypertension affects over 40 million adult women in the U.S. However, our understanding of the PTSD-hypertension relation specifically in women is limited. We examined trauma exposure and PTSD symptoms in relation to incident hypertension over a 22-year period in 47,755 women in the Nurses' Health Study II. Proportional hazards models estimated hazard ratios (HRs) for hypertension events (N=16,026). PTSD symptoms based on a screen were associated with hypertension incidence in dose-response fashion in models adjusted for demographics, family history, and early childhood factors. Compared to women with no trauma, women with 6-7 PTSD symptoms had the highest risk of hypertension onset (HR=1.21), followed by women with 4-5 symptoms (HR=1.18), women with 1-3 symptoms (HR=1.13), and women with trauma but no symptoms (HR=1.04), all $p < .05$. Findings were similar after adjusting for health behaviors. Health behaviors accounted for 49% of the PTSD-hypertension association. Screening for hypertension and reducing health risk behaviors in women with PTSD may hold promise for prevention.

THU 224

Acute Stress Disorder Symptoms and Early Hospital Readmission in Cardiac Patients

(Abstract #775)

Poster #THU 224 (Clin Res, Bio Med, Health, Pub Health, Older) - Industrialized

Edmondson, Donald

Columbia University College of Physicians and Surgeons, New York, New York, USA

PTSD is common after cardiac events and is associated with long-term readmission and mortality risk. We estimated the association of acute stress disorder (ASD) symptoms triggered by the cardiac event with 30-day all-cause readmission. The REactions to Acute Care and Hospitalization (REACH) study is an ongoing observational cohort study, enrolling patients during evaluation for acute coronary syndrome (ACS) by emergency department (ED) physicians in a large urban hospital. After inpatient admission, participants rate their symptoms of ASD due to the cardiac event on the Acute Stress Disorder Scale (ASDS). Hospital readmissions are identified by contacting patients and searching electronic health records. A Cox proportional hazards model was specified to estimate the adjusted hazard ratio (HR) for early readmission associated with each 10-point increment of ASD symptoms. Covariates included age, sex, ACS status, GRACE cardiac risk index, Charlson comorbidity index, and PHQ depression status. Of 407 participants, 51 were readmitted within 30 days of discharge. The unadjusted HR for 30-day readmission associated with 10 points on the ASD scale was 1.40 (95% CI, 1.14-1.72), and the association remained significant in the fully adjusted model, HR= 1.31 (95% CI, 1.03-1.68). Treating ASD symptoms can reduce PTSD risk, and preventing or treating them may reduce readmission risk.

THU 225

Alterations in Psychophysiological Responses to Loud Tones Following Cognitive Behavioral Treatment

(Abstract #677)

Poster #THU 225 (Bio Med, Clin Res, Adult) - Industrialized

Griffin, Michael¹, Galovski, Tara¹, Resick, Patricia², Werner, Kimberly¹

¹University of Missouri St. Louis, St. Louis, Missouri, USA

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

We have previously found that heightened psychophysiological responses to loud-tones develop over time in a prospective study of trauma survivors with PTSD (Griffin, 2008). We have interpreted this as evidence of a sensitization model of PTSD development. In the current study we assess a loud-tone paradigm in a combined set of treatment outcome studies which used cognitive-behavioral treatment for PTSD. Participants were female rape and physical assault survivors who were diagnosed with PTSD at pretreatment. Psychophysiological measurements of eye blink EMG and heartrate (HR) were collected during the random presentation of ten 95dB 1000Hz pure tones. Comparison groups were formed based upon treatment outcome diagnosis using the CAPS and included treatment responders (No PTSD at posttreatment; n= 82) and treatment non-responders (PTSD at posttreatment; n=35). ANOVA comparisons revealed that successful treatment was accompanied by a significant decrease in loud-tone physiological reactivity for both EMG ($p<.05$) and HR ($p<-.05$) responses. This contrasted with continued loud-tone physiological hypereactivity in the treatment non-responder group at posttreatment. Results suggest that physiological desensitization is possible with successful treatment. Findings will be discussed in terms of a sensitization model of PTSD.

THU 226

The Acute White Matter Impairment Predict the Development of PTSD following Motor Vehicle Accidents

(Abstract #1797)

Poster #THU 226 (Bio Med, Acute, Bio Med, Adult) M - E Asia & Pac

Wang, Zhen¹, Hu, Hao², Xiao, Zeping¹

¹Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China

²Shanghai Mental Health Center, Shanghai, China

To investigate whether the integrity of the white matter (WM) is impaired in the acute phase of the motor vehicle accident (MVA) and to check if the extent of the decreased integrity could predict the development of PTSD. MVA Survivors were recruited to receive DTI scan within 2 days from the MVA. The survivors were divided into PTSD group and trauma control (TC) group based on the follow-up evaluation. The Tract-Based Spatial Statistics (TBSS) was carried out to check the differential brain focus between groups within DTI parameter maps. Abnormal WM integrity were measured by decreased fractional anisotropy (FA), increased mean diffusivity(MD) and increased radical diffusivity(RD). Compared with the TC group, decreased FA was found in a large range of WM located in the right

hemisphere, mainly involving forceps major, Inferior fronto-occipital fasciculus, Inferior longitudinal fasciculus, cingulum, hippocampus and Superior longitudinal fasciculus. With regards to radical diffusivity (RD), increased RD was detected in the posterior part of the right hemisphere, involving forceps major, Inferior longitudinal fasciculus, cingulum, hippocampus and Superior longitudinal fasciculus. The extent of the decreased WM integrity correlates with the severity of PTSD. The findings suggest that WM impairment in the acute stage could predict the development of PTSD.

THU 227

Prospective Associations between Self-Reported Emotion Dysregulation and Fear-Potentiated Startle: The Moderating Effect of Respiratory Sinus Arrhythmia

(Abstract #1612)

Poster #THU 227 (Bio Med, Affect/Int, Adult) I - Industrialized

Seligowski, Antonia¹, Lee, Danie², Miron, Lynsey¹, Orcutt, Holly¹, Jovanovic, Tanja³, Norrholm, Seth⁴

¹Northern Illinois University, DeKalb, Illinois, USA

²Auburn University, Auburn University, Alabama, USA

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

⁴Atlanta VAMC/Emory University, Decatur, Georgia, USA

Background: Emotion dysregulation has been implicated in the negative outcomes of trauma exposure. A proposed biomarker of emotion dysregulation, respiratory sinus arrhythmia (RSA), has demonstrated associations with trauma-related phenomena, such as the fear-potentiated startle (FPS) response. The current study aimed to examine the prospective association between pre-trauma emotion dysregulation and FPS several years following trauma exposure. Method: Participants included 131 women exposed to a campus mass shooting. Pre-trauma emotion dysregulation was assessed in 2006-2008 using the Difficulties in Emotion Regulation Scale. Startle variables were gathered during an FPS paradigm conducted from 2012-2015. RSA was measured during the paradigm. Results: The association between pre-trauma emotion dysregulation and FPS during acquisition approached significance ($r = .38$, $p = .06$). Additionally, emotion dysregulation predicted FPS during extinction, but only among individuals with high baseline RSA ($r = .57$, $p < .01$). Conclusion: Findings suggest that pre-trauma emotion dysregulation is a potent predictor of FPS several years later, and this relation appears to be stronger among individuals with high RSA. Results emphasize the importance of examining autonomic

regulation in the association between emotion dysregulation and recovery from trauma exposure.

THU 228

Peritraumatic and Chronic Dissociation Predicts Heart Rate Reactivity and Recovery to Idiographic Trauma Cues (Abstract #911)

Poster #THU 228 (Bio Med, Affect/Int, Clin Res, Adult) I - Industrialized

Preston, Brittany, Delgado, Rebecca, Griffin, Michael
University of Missouri St. Louis, St Louis, Missouri, USA

Both elevated and dampened physiological reactivity has been linked to dissociation in trauma survivors in the literature. We examined the utility of peritraumatic dissociation (PD) and chronic dissociation (CD) predicting heart rate (HR) reactivity and recovery from idiographic trauma cue exposure in rape and physical assault survivors (N=52) assessed one-month and six-months posttrauma. HR reactivity and recovery was assessed during a scripted imagery paradigm. PD was assessed with the Peritraumatic Dissociative Experiences Questionnaire and CD with the Dissociative Experiences Scale. Separate multiple regressions were used to examine PD and CD as predictors of HR reactivity and recovery. Using stepwise entry, PD was entered first. The initial model predicting recovery was significant ($F(2,52) = 6.24$, $p = .01$) with PD accounting for 11% of the variance ($\beta = .33$). Adding CD retained a significant model ($\Delta R^2 = .05$). However, only PD made a significant contribution ($\beta = .44$, $p = .01$). Similarly, when predicting HR reactivity with PD alone, the regression was significant ($F(2,52) = 3.83$, $p = .05$; $\beta = .26$; $R^2 = .07$). However, adding CD made the model nonsignificant. This relationship was maintained across PTSD and No PTSD groups assessed at six-month follow-up. Results suggest that PD is a better predictor than CD of HR reactivity and recovery to personalized trauma cues.

THU 229

Reduced Cortical Thickness in US Veterans with High Combat Exposure (Abstract #1033)

Poster #THU 229 (Bio Med, Clin Res, Bio/Int, Mil/Vets, Neuro, Adult) M - Industrialized

Wrocklage, Kristen, Abdallah, Chadi
Yale University School of Medicine, National Center for PTSD, West Haven, Connecticut, USA

Background: In this study, we investigated the interactive effects of combat exposure severity (CES) and PTSD diagnosis on the thickness of the cerebral cortex, as measured with MRI. **Methods:** Sixty-three combat-exposed US Veterans (PTSD: $n = 34$, Age mean \pm SEM = 34.9 ± 1.6 , 4 females; non-PTSD: $n = 29$, Age = 34.3 ± 1.9 , 2 females) completed high-resolution structural MRI. A general linear model was constructed with vertex-wise cortical thickness as outcome, examining the effect of CES, PTSD, and their interaction, controlling for age with cluster-wise correction. **Results:** PTSD was associated with bilateral reduction in cortical thickness, particularly in the superior frontal, precuneus, supramarginal (language and auditory processing areas), and insular cortices. CES negatively correlated with thickness in the left rostrolateral prefrontal and right supramarginal cortices. A significant interaction between CES and PTSD was found, such that more severe combat exposure was associated with more severe thinning of the left superior frontal, precuneus, and supramarginal cortices in the veterans without PTSD. **Conclusion:** These data suggest that PTSD is associated with widespread reduction in cortical thickness. However, even in Veterans who do not meet criteria for PTSD, combat stress severity is associated with a significant reduction in cortical thickness.

THU 230

Traumatic Grief Reactions in Familial Caregivers of Early Onset Alzheimer's Patients (Abstract #1524)

Poster #THU 230 (Bio Med, Chronic, Clin Res, Illness, Genetic, Adult) M - Industrialized

Taveras, Lauren, Demaria, Thomas, Petitti, Christina, Gerber, Juliet, Chiriboga, Eva
Long Island University, C.W. Post Campus, Brookville, New York, USA

The diagnosis of Alzheimer's in a younger individual can be seen as a crisis situation that results in high levels of grief within the family system (Ducharme et al., 2014). Often, the prolonged loss of cognitive function can be more traumatic than a physical illness, especially when the disease is not expected. Children who fill the role of caregiver for a parent diagnosed with Early Onset Alzheimer's are faced with grief reactions related to work-caregiving conflicts, unmet needs and ambiguous loss (Sanders, Ott, Kelber & Noonan, 2008). With increased accessibility to predictive genetic testing, children of early onset Alzheimer's patients may experience traumatic grief related to the possibility of carrying the genetic mutation. Our intention is conduct a thematic

analysis of two publicly available online support forums in which caregivers of early onset Alzheimer's patients can seek advice. Our goal is to assess current fears related to vicarious trauma compounded by fears of their own death and/ or loss of cognitive functioning. While evidence shows that supportive services tailored to grief and anticipatory loss are a priority (Frank, 2007), this information will help guide the development of psycho educational interventions that will be more applicable to caregiver fears about their own future health outcomes while in the caregiving role.

THU 231
Psychiatric Comorbidity in PTSD Patients
Relates to Maladaptive Stress Coping and
Low Stress Hormone Levels

(Abstract #1196)

Poster #THU 231 (Bio Med, Anx, Chronic, Clin Res, Depr, Adult) M - Industrialized

Zaba, Monika, Schmidt, Ulrike, Kirmeier, Thomas
 Max Planck Institute of Psychiatry, Munich, Bavaria, Germany

Posttraumatic stress disorder (PTSD) develops as a consequence of an exposure to a traumatic event. However, other psychiatric syndromes have previously been shown to be related to trauma exposure as well, and comorbid psychiatric conditions are common among PTSD patients. In this study, we subjected a convenience sample of 99 PTSD outpatients to a standardized clinical interview assessing symptoms of PTSD as well as comorbid and lifetime DSM-IV psychiatric disorders. Additionally, a self-rating questionnaire assessing stress coping was employed, basal morning plasma cortisol levels were determined, and a subset of 28 female PTSD patients was subjected to a standardized psychosocial stressor, the Trier Social Stress Test (TSST). Overall, 80% patients reported at least one comorbid disorder and 98% at least one lifetime psychiatric disorder. The number of comorbid and lifetime psychiatric disorders correlated positively with maladaptive stress coping strategies, such as flight and resignation, as well as negatively with the morning basal cortisol levels and cortisol and ACTH levels after stress exposure in the TSST. These findings show that trauma exposure, comorbid psychiatric disorders, and low cortisol levels are interrelated. More studies are needed to understand the underpinnings of this interrelation in PTSD.

THU 232
Influence of the BDNF Val66Met
Polymorphism on Emotion Regulatory
Processing and Anxiety.

(Abstract #1527)

Poster #THU 232 (Bio Med, Anx, Depr, Genetic, Adult) I - Industrialized

Nylocks, Karin, Gilman, T. Lee, Latsko, Maeson, Flynn, Jessica, Jasnow, Aaron, Coifman, Karin
 Kent State University, Kent, Ohio, USA

We aim to clarify the role of the Val66Met polymorphism in the BDNF gene in emotional regulatory processing. Study 1, participants viewed five 5-minute emotionally evocative videos known to elicit negative and positive emotions. Clips were shown in a specific order to encourage shifts in emotional responses. We measured emotional flexibility by self-report affect ratings and coded facial expressions. Study 2, we administered the BIS scale. Saliva was collected using Oragene DNA Self-Collection Kits. Genotyping was conducted by standard PCR and RFLP. Study 1 (N=111) consisted of 72 females, 79.3% Caucasian, mean age 20.8 (SD=6.6). A repeated measures ANOVA showed a between-subjects effect of genotype $F(1,100)=3.965, p<.049$. Val homozygotes show greater emotional reactivity in response to negative and positive context and Met carriers demonstrated less flexibility in emotional responses, suggesting poor spontaneous regulatory activity. Study 2 (N=116) consisted of 71 females, 86.2% Caucasian, mean age 20.1 (SD=3.4). An ANOVA showed between-subjects effect of genotype $F(1,115)=4.516, p=.036$ such that Met carriers show higher BIS scores. This suggests Val homozygotes are more emotionally reactive, exhibiting a pattern of responses that may afford risk. However, Val individuals also demonstrated greater emotional flexibility, a protective factor that likely mitigates some risk.

THU 233
Physical Scars: Childhood Sexual Abuse,
History of Depression, Trauma Exposure and
Autonomic Functioning in Chronic
Posttraumatic Stress Disorder

(Abstract #2041)

Poster #THU 233 (Bio Med, Anx, CSA, Depr, Adult) I - Industrialized

Franklin, Anna¹, Echiverri, Aileen¹, Zoellner, Lori¹, Feeny, Norah²

¹University of Washington, Seattle, Washington, USA

²Case Western Reserve University, Cleveland, Ohio, USA

The autonomic nervous system is intimately connected to psychological functioning. Prior trauma exposure, childhood sexual assault (CSA), and history of major depressive disorder (MDD) have been implicated in autonomic impairment (Shonkoff et. al, 2012; Volkers et al., 2003); however, the interaction between prior trauma or history of depression and autonomic functioning on current psychopathology has not been consistently established (Shenk et al., 2014). Respiratory sinus arrhythmia (RSA), an index of autonomic arousal, was assessed in 113 adults with varying trauma exposure and PTSD status. Prior trauma exposure and lifetime MDD predicted symptom severity on anxiety, depression and PTSD measures, but RSA was not related. However, for dissociation, presence of lifetime MDD ($b = -.35$, $p = .001$) and CSA history ($b = .35$, $p = .006$) interacted with RSA to predict dissociation outcomes. Higher RSA was related to greater dissociation for those with lifetime MDD than those without, and less dissociation for those with a history of CSA than those without. MDD and CSA have lasting, and disparate, effects on the autonomic nervous system and dissociation seen in these individuals may be a unique reaction to altered autonomic arousal, distinct from factors predictive of PTSD, depression and anxiety (Bryant, 2007).

THU 234

Gene Networks Associated with Childhood Maltreatment, Major Depression, and PTSD within the Detroit Neighborhood Health Study

(Abstract #1602)

Poster #THU 234 (Bio Med, CPA, CSA, Depr, Genetic, Adult) M - Industrialized

Bustamante, Angela¹, Aiello, Allison², Koenen, Karestan³, Galea, Sandro⁴, Wildman, Derek⁵, Uddin, Monica⁶

¹University of Illinois, Urbana, Illinois, USA

²University of North Carolina at Chapel Hill, Gillings School of Global Public Health, Chapel Hill, North Carolina, USA

³Columbia University, New York, New York, USA

⁴Boston University, Boston, Massachusetts, USA

⁵University of Illinois at Urbana-Champaign, Urbana, Illinois, USA

⁶University of Illinois, Champaign, Illinois, USA

It has been well documented that early life environment plays a critical role in the development of many biological processes. Childhood maltreatment (CM) has been associated with the dysregulation of key biologic pathways as well as increased susceptibility for major depressive disorder (MDD) and posttraumatic stress disorder (PTSD). We propose to undertake a systems-

biology approach to examine gene expression microarray data among individuals with histories of CM, PTSD, and MDD to elucidate both the shared and unique gene networks associated with each phenotype. HT-12 gene expression microarray data was collected from 129 participants derived from the Detroit Neighborhood Health Study (DNHS), a longitudinal population-based study of adult Detroit residents. Participant selection was based on history of PTSD and availability of leukocyte-derived RNA. Survey data on CM and MDD history was also available. Weighted Gene Co-expression Network Analysis (WGCNA) was used to detect gene networks associated with CM, MDD, and PTSD. WGCNA revealed that gene networks for CM, PTSD and MDD were enriched in immune response and RNA processing genes. CM and PTSD were both enriched in genes associated with NADH. These findings suggest that there is biologic overlap between CM, MDD, and PTSD gene expression phenotypes.

THU 235

Role of Brief Exercise in the Development of Emotional Memories

(Abstract #576)

Poster #THU 235 (Bio Med, Bio/Int, Res Meth, Adult) M - Industrialized

Keyan, Dharani, Bryant, Richard

University of New South Wales, Sydney, NSW, Australia

Brief physical exercise enhances memories for neutral events, and recently has been shown to modulate fear learning in animals (Siette, Reichelt & Westbrook, 2014). This study investigated the role of brief exercise in the development of emotional memories. Forty nine university students (18-29 year olds) viewed a trauma film depicting accident and injury, and were then randomly assigned to engage in either 10 minutes of step-up exercise or easy walking (control). Samples of salivary alpha amylase (sAA) and cortisol were collected at various intervals, and memory for the trauma film was tested two days later. ANCOVAs controlling for differences in baseline sAA levels, indicated that participants in the exercise relative to the walking condition reported more intrusive memories ($p=0.04$), but not voluntarily recalled memories ($p>0.05$), of the trauma film two days later. However, a relationship between cortisol or sAA response, and memory for the trauma film using Pearson product correlations, was not detected in exercised participants ($ps >0.05$). Whilst these findings are consistent with recent evidence of exercise-induced emotional learning in animals, the need for more intense exercise is implicated in future studies. These findings point to possible ways by which development of intrusions after traumatic

experiences may be explained and therefore prevented.

THU 236

Salivary Cortisol and Global and Regional Cortical Volume among Veterans with and without PTSD: Preliminary Findings
(Abstract #1903)

Poster #THU 236 (Bio Med, Bio/Int, Neuro, Adult) M - Industrialized

Babson, Kimberly¹, Woodward, Steven², Kaloupek, Danny³

¹National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

²National Center for PTSD-Dissemination and Training Division, Palo Alto, California, USA

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

Research indicates chronic exposure to high levels of circulating glucocorticoids is associated with dystrophic changes in the brain. The majority of this work has focused on the hippocampus; however, studies in both humans and animals have begun to highlight other brain regions high in glucocorticoid receptors. This study examined associations between diurnal salivary cortisol levels and Freesurfer-derived cortical volumes in a sample of 86 veterans with (n=44) and without (n=42) PTSD. Based on previous research, we hypothesized that higher cortisol levels would be associated with smaller global and regional cortical volume. Diurnal salivary cortisol levels exhibited the expected attenuation of circadian rhythmicity (i.e., less differentiation between morning and evening values) in PTSD patients ($F=8.1, p<0.01$). In the whole sample, higher evening cortisol levels were associated inversely with global cortical volume, both with ($\beta=-.17, p=.03$) and without ($\beta=-.24, p=.02$) adjustment for intracranial volume. This pattern was not replicated in FreeSurfer-derived volume estimates for rostral or caudal anterior cingulate, hippocampus, or amygdala. When cortical volume was decomposed into components, area but not thickness exhibited the negative association with evening salivary cortisol ($\beta=-.15, p=.01$). Results will be discussed in terms of the potential pathophysiological significance.

THU 237

Altered Amygdala-Prefrontal Connectivity is Associated with Impaired Sustained Attention in Veterans with Early Life Trauma
(Abstract #1868)

Poster #THU 237 (Bio Med, CPA, Dev/Int, Mil/Vets, Neuro, Adult) M - Industrialized

Corbo, Vincent¹, Fortenbaugh, Francesca², Milberg, William³, McGlinchey, Regina³, Salat, David⁴, Esterman, Mike¹

¹VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA

²VA Boston Healthcare System, Boston, Massachusetts, USA

³Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts, USA

⁴Harvard Medical School at the VA Boston Healthcare System, Boston, Massachusetts, USA

Early life trauma (ELT) can lead to impaired cognitive abilities in adulthood, increasing the risk for stress-related disorders. Moreover, studies have associated ELT with abnormal attentional control and neural reactivity to emotional stimuli, especially in the amygdala. However, research has largely ignored the effects of ELT on neurocognitive functioning in the context of neutral stimuli. This study examined how ELT affects performance and brain activity using fMRI and a sustained attention task with emotionally neutral stimuli. 66 Veterans from the Translational Research Center for TBI and Stress Disorders (VA Boston Healthcare system) were assessed for ELT and performed the gradual onset continuous performance task (gradCPT) while in the MRI scanner. Veterans with ELT performed worse on the gradCPT, with higher error rates and greater response variability, as well as exhibited greater functional connectivity between the amygdala and the prefrontal cortex during the task. This increase in functional connectivity was correlated with the individual differences in task performance. These results suggest that ELT is associated with reduced sustained attention ability, perhaps via dysfunctional communication between emotional processing and cognitive control areas of the brain. It further highlights the importance of assessing developmental experiences in cognitive testing.

THU 238

Skin Conductance Level during Trauma Description Predicts PTSD Symptom Severity in a Longitudinal Study
(Abstract #1781)

Poster #THU 238 (Bio Med, Acute, Bio Med, Clin Res, Tech, Adult) M - Industrialized

Roffman, Rebecca, Fiorillo, Devika, Rothbaum, Alex, Michopoulos, Vasiliki, Ressler, Kerry, Jovanovic, Tanja
Emory University School of Medicine, Atlanta, Georgia, USA

Skin conductance (SC), which is influenced by sweat gland activity, is a peripheral measure of sympathetic nervous system activity. It can be recorded non-invasively using mobile devices. The current study recorded SC levels during 5 sessions in the immediate aftermath of trauma exposure, when patients presented to an Emergency Department and at 1, 3, 6, and 12 months after the trauma. This is the first time that physiological reactivity has been measured during longitudinal psychiatric assessment for posttraumatic stress disorder (PTSD), although PTSD has been associated with heightened SC for several decades (Michopoulos et al., 2015). SC levels were recorded using eSense (Mindfield, Inc) for iPad with two isotonic gel-filled Ag/AgCl electrodes attached to the fingers of the non-dominant hand during administration of a standard trauma interview and the PSS. The study found that peak SC response correlates to PSS score, ($r=0.42$ $n=72$)($n=17$ at 1 month, $n=17$ at 3 months, $n=18$ at 6 months and $n=20$ at 12 months). Habituation of SC over time negatively correlates with PSS score ($r=-0.37$). These preliminary data indicate that collection of physiological data is both feasible and useful with patients who are at risk of developing PTSD, and can even be successfully implemented under sub-optimal conditions in an ED setting.

THU 239

Vagal Tone and Child Exposure to Potentially Traumatic Events Interact to Predict Children's Externalizing Pathology
(Abstract #564)

Poster #THU 239 (Bio Med, Aggress, Child/Adol) M - Industrialized

Gray, Sarah, Lipschutz, Rebecca, Drury, Stacy, Theall, Katherine
Tulane University, New Orleans, Louisiana, USA

Greater Respiratory Sinus Arrhythmia (RSA) suppression, a parasympathetic regulation marker, has been linked to adaptive social-emotional outcomes, though findings are inconsistent. Among 92 community-recruited caregivers and children (5-16) with high exposure to potentially traumatic events (PTEs), we investigated the co-contribution of children's PTEs (exposure count) and RSA reactivity during a stressor to caregiver report of internalizing and externalizing behavior on the Child Behavior Checklist (CBCL). Neither baseline RSA nor RSA

reactivity was related to behavior problems; PTE count correlated negatively with baseline RSA. A significant interaction was observed between PTE count and RSA reactivity predicting to externalizing behavior ($\beta=-.29$, $p=.009$, $R^2\Delta=.06$). Simple slopes analyses indicated that greater RSA suppression (negative change scores) predicted lower externalizing behavior only among children with low PTE count ($t=2.93$, $p=.004$). For internalizing problems, only a main effect of PTE exposure was observed. Results suggest that the pattern of RSA reactivity considered more adaptive is protective against externalizing behaviors for children from low-but not high-stress environments. Though cross-sectional, findings suggest a context-dependent relation between physiological reactivity and outcomes which may contribute to variability observed in prior research.

THU 240

Low Respiratory Sinus Arrhythmia is Associated with PTSD in Children at Risk for Trauma
(Abstract #629)

Poster #THU 240 (Bio Med, Dev/Int, Health, Bio/Int, Child/Adol) M - Industrialized

Vance, Alexander¹, McLaughlin, Katie², Cross, Dorthie¹, Bradley, Bekh³, Jovanovic, Tanja¹
¹Emory University School of Medicine, Atlanta, Georgia, USA

²University of Washington, Seattle, Washington, USA

³Atlanta VAMC/Emory University, Decatur, Georgia, USA

Objective: The experience of childhood trauma strongly predicts the development of psychopathology throughout the lifespan. Potential physiological sequelae of trauma include chronic dysregulation of the parasympathetic nervous system (PNS) functioning, which can be indexed using respiratory sinus arrhythmia (RSA). This study investigated RSA in children with trauma exposure. **Method:** We recruited child participants ($N=116$) from a predominately African American, urban population. RSA was recorded using electrocardiogram during a startle test and was divided into High and Low RSA as an independent variable. Trauma exposure was measured using the Violence Exposure Scale for Children-Revised (VEX-R), and a median split was used to categorize participants into High and Low Trauma. The dependent variable was PTSD symptom severity measured with the UCLA PTSD Reaction Index. **Results:** We found that children in the Low RSA group had higher PTSD symptoms than those in the High RSA group, $F(1,115)=8.49$, $p=0.004$. While there was a main effect of Trauma on PTSD symptoms, $F(1,116)=6.12$, $p=0.015$, there was no

interaction effect of Trauma and RSA. The results were significant after covarying for age.
Conclusion: Regardless of trauma exposure, children with higher PNS activity had lower PTSD symptoms, suggesting that this may be an indicator of resilience in children.

THU 241

Pathways from Childhood Poly-Victimization to Young Adulthood Intimate Partner Violence: The Role of Posttraumatic Stress and Emotion Dysregulation

(Abstract #791)

Poster #THU 241 (Clin Res, Chronic, Complex, DV, Aging, Lifespan) - Industrialized

Howell, Kathryn¹, Schwartz, Laura¹, Jamison, Lacy¹, Miller-Graff, Laura²

¹University of Memphis, Memphis, Tennessee, USA

²University of Notre Dame, Notre Dame, Indiana, USA

Young adults who experience intimate partner violence (IPV) frequently report a history of childhood poly-victimization. A substantial proportion of individuals who are victimized during childhood, however, do not experience IPV in adulthood. Similarly, some who report exposure to IPV in adulthood have not experienced childhood violence. This study examined variations in young adults' posttraumatic stress symptoms (PTSS), controlling for emotion dysregulation, based on their current and childhood history of exposure to violence. Participants included 394 college students aged 18-24. ANCOVAs indicated a significant effect for type of victimization on PTSS after controlling for emotion dysregulation, $F(3, 208) = 9.14, p < .001$. Follow-up pairwise comparisons revealed that individuals who experienced both childhood poly-victimization and adulthood IPV had significantly higher PTSS levels ($M = 20.74, SD = 1.24$) compared to participants who solely experienced IPV ($M = 16.81, SD = 0.86$) or who did not report either form of adversity ($M = 14.52, SD = 0.68$). However, individuals who solely experienced childhood poly-victimization showed equally high levels of PTSS ($M = 20.34, SD = 1.38$) as compared to those who endorsed both forms of adversity. Findings highlight the variability in patterns of victimization across development and underscore the pernicious impact of childhood poly-victimization.

THU 242

Intergenerational Effects of Maternal Victimization on Infant Cortisol Response (Abstract #793)

Poster #THU 242 (Bio Med, CPA, DV, Prevent, Intergen, Lifespan) - Industrialized

Martinez-Torteya, Cecilia, Gilchrist, Michelle, Figge, Caleb, Sorenson, Matthew
DePaul University, Chicago, Illinois, USA

Maternal victimization increases the odds of offspring psychosocial problems and putative mechanisms of risk may appear early in life. We examined the effects of different types (e.g., physical vs. psychological violence) and timing (e.g., childhood vs. pregnancy vs. postpartum) of maternal victimization experiences on infant HPA axis activity, a potential mechanism of risk transmission. Participants were 43 mother-infant dyads recruited from social service agencies (e.g., WIC centers). Women were 19 to 42 years ($M = 30$), 75% Ethnic minority, 58% married or partnered, and 42% experienced poverty. The infants (52% boys) were 10 to 14 months old ($M = 12$). Data were collected using questionnaires. Infant saliva was collected before and after (10, 20, 30, 40, and 50-min post) the Stress Situation Procedure. Hierarchical Linear Models (HLM) were used to evaluate the influence of the different traumatic stressors. Higher infant cortisol levels were associated with maternal history of childhood physical abuse, witnessing IPV while growing up, and more partner physical abuse during pregnancy. In contrast, IPV during the first year postpartum was associated with decreased infant cortisol levels. Findings suggest that maternal victimization type and timing are key to understand offspring profiles of dysregulated stress response.

THU 243

Posttraumatic Stress Disorder Symptoms and Problematic Overeating Behaviors in Young Women

(Abstract #1004)

Poster #THU 243 (Bio Med, Health, Pub Health, Lifespan) M - Industrialized

Mason, Susan

University of Minnesota-Twin Cities Campus,
Minneapolis, Minnesota, USA

Background: Posttraumatic stress disorder (PTSD) affects 12% of US women and appears to increase obesity risk. The mechanisms behind the PTSD-obesity association are not known, but PTSD is frequently comorbid with binge eating disorder. Less is known about PTSD associations with more

common overeating behaviors. We examined three problematic eating behaviors in women: subthreshold binge eating, coping-motivated eating, and disinhibited eating. Methods: We estimated covariate-adjusted risk ratios for eating behaviors in at age 23-30 years as a function of PTSD symptoms at age 20-27 years, among 4,672 women in the Growing Up Today Study. Results: Binge eating prevalence ranged from 5% among those with no PTSD symptoms to 13% among those with the maximum number of symptoms; coping-motivated eating from 16% to 35%; disinhibited eating from 17% to 26%. A greater number of PTSD symptoms was associated with greater risks for all eating behavior outcomes, with the maximum PTSD symptoms associated with RRs of 2.83 (95% CI: 1.98, 4.04) for binge eating, 2.03 (95% CI: 1.66, 2.47) for coping-motivated eating, and 1.44 (95% CI: 1.16, 1.79) for disinhibited eating. Conclusion: PTSD symptom associations with problematic eating behaviors may help to explain PTSD-obesity associations and offer targets for intervention.

CLINICAL/INTERVENTION RESEARCH

THU 244

Understanding Employment Status Longitudinally In Returning Veterans

(Abstract #720)

Poster #THU 244 (Prevent, Mil/Vets, Adult) - Industrialized

Bovin, Michelle¹, Marx, Brian², Black, Shimrit³, Barretto, Kenneth³, Schnurr, Paula⁴, Rosen, Raymond⁵, Keane, Terence⁶

¹VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts, USA

²National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

³VA Boston Healthcare System, Boston, Massachusetts, USA

⁴National Center for PTSD, Department of Veterans Affairs, White River Junction, Vermont, USA

⁵New England Research Institutes, Inc., Watertown, Massachusetts, USA

⁶VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA

Rates of unemployment among Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn (OIF/OEF/OND) veterans are high (DoL, 2012). However, it is unclear what factors are associated with employment status in returning veterans. In the current study, employment status for 1337 participants from the Veterans' After Discharge Longitudinal Registry (Project VALOR) was assessed at two time points. Participants were classified into four groups: group 1 (unemployed at time 1 and time 2); group 2 (unemployed at time 1 but employed at time 2); group 3 (employed at time 1 but unemployed at time 2); and group 4 (employed at time 1 and time 2). We conducted exploratory analyses to better understand group membership. Results indicated that Time 1 race was a significant predictor of group membership [$\chi^2 = 9.77$; $p < .001$]. Group 2 was less likely to be White and group 4 was more likely to be Black and less likely to be White. Psychopathology and impairment were also associated with group membership. Group 2 was the least likely to meet criteria for PTSD at Time 1, whereas group 3 was the most likely [$\chi^2 = 39.78$; $p < .001$]. Further, group 2 was the least impaired at Time 1 and group 3 was the most impaired [$F(3, 1354) = 44.79$; $p < .001$]. These findings suggest that race, psychopathology, and impairment may be risk factors for later unemployment among returning veterans.

THU 245

Trajectories of Posttraumatic Stress Disorder among Lower Manhattan Residents and Area Workers following the 2001 World Trade Center Disaster in New York City, 2003-2012
(Abstract #1311)

Poster #THU 245 (Clin Res, QoL, Pub Health, Res Meth, Terror, Adult) - Industrialized

Welch, Alice¹, Caramanica, Kimberly¹, Maslow, Carey², Brackbill, Robert¹, Stellman, Steven¹, Farfel, Mark²

¹New York City Department of Health and Mental Hygiene, Queens, New York, USA

²New York City Department of Health and Mental Hygiene, New York, New York, USA

Posttraumatic stress disorder (PTSD) has been documented in those exposed to the World Trade Center (WTC) disaster. The majority of those with direct exposure were area residents/workers not involved in rescue/recovery work. In this study of 17,062 area residents/workers in the WTC Health Registry who completed surveys in 2003-4, 2006-7, and 2011-12, we used latent class growth modeling to identify trajectories of PTSD score over time, assessed using the PTSD Checklist (PCL). Groups with similar intercepts but different trajectories were compared using regression analyses. Bivariate analyses described associations between trajectory and quality of life (QOL). Six PCL trajectories were identified: low-stable (49%), moderate-stable (28%), moderate-increasing (8%), high-stable (6%), high-decreasing (7%), and very high-stable (2%). Factors associated with being in the moderate-increasing vs. moderate-stable or high-stable vs. high-decreasing groups included: low education and social support, unemployment, WTC exposures, mental health need and/or treatment, and reduced QOL. A decade post-disaster, 16% of area residents/workers had chronic or delayed-onset PTSD trajectories, associated with severe/prolonged WTC exposure, scarce personal/fiscal resources, treatment barriers, and poor QOL. These findings indicate a need for early and ongoing PTSD screening among disaster survivors.

THU 246

Employment Status, Perceived Barriers, and Employment Services Use among VHA Primary Care Patients with PTSD
(Abstract #719)

Poster #THU 246 (Clin Res, Commun, QoL, Mil/Vets, Care, Adult) - Industrialized

Sripada, Rebecca, Yosef, Matheos, Levine, Debra, Bohnert, Kipling, Miller, Erin, Henry, Jennifer, Zivin, Kara

VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan, USA

Objective: Veterans with PTSD exhibit high levels of unemployment. VHA offers a variety of employment services, however most services are targeted to individuals with serious mental illnesses and not PTSD. Since most veterans with mental health conditions are treated in primary care clinics, employment service needs may be best addressed in this setting. Thus, the current study was designed to assess employment status and support needs in VHA primary care patients who screen positive for PTSD. Methods: 301 working-aged VHA patients with recent primary care use completed web-based surveys that assessed determinants of employment status, PTSD symptoms, employment support preferences, and barriers to service usage. Results: Individuals who screened positive for PTSD were less likely to be employed than those without PTSD (55% vs. 69%; $p=.03$). Individuals with PTSD had lower job-search self-efficacy, higher barriers to employment, and higher barriers to employment service use. Only 14% had used VHA employment services but 86% said they would use those services. Conclusions: Among VHA patients with PTSD, there is high need for and substantial interest in VHA employment services. Future work should focus on implementing employment support services for individuals who screen positive for PTSD in primary care settings.

THU 247

Understanding the Relationship between PTSD, Depression, and Suicidal Behavior in Iraq/Afghanistan Veterans
(Abstract #1465)

Poster #THU 247 (Clin Res, Affect/Int, Chronic, Depr, Mil/Vets, Adult) - Industrialized

Kimbrel, Nathan¹, DeBeer, Bryann², Meyer, Eric², Morissette, Sandra², VA Mid-Atlantic MIRECC Registry, Workgroup³, Calhoun, Patrick⁴, Beckham, Jean⁵

¹Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA

²VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA

³Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC), Durham VA Medical Center, Durham, North Carolina, USA

⁴Durham VA Medical Center, VISN 6 MIRECC, Duke University School of Medicine, Durham, North Carolina, USA

⁵Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina, USA

This presentation will describe a series of studies concerning predictors of suicidal behavior among Iraq/Afghanistan-era veterans with elevated symptoms of PTSD and depression. Study 1 demonstrated that PTSD and depression form a higher-order latent factor that is a robust predictor of suicidal ideation ($R^2 = .35-.39$) and suicide attempts ($R^2 = .31-.39$) among this cohort. Study 2 found that non-suicidal self-injury (NSSI) was highly prevalent (57%) among veterans seeking treatment for PTSD and that it was strongly associated with suicidal ideation ($OR = 3.88$). Study 2 further identified burning oneself ($OR = 17.14$) and hitting oneself ($OR = 7.93$) as the specific NSSI behaviors most strongly associated with suicidal ideation. Study 3 also found that NSSI was prevalent among Iraq/Afghanistan veterans. It further demonstrated that NSSI was most strongly associated with active ($OR = 5.15$) and concurrent active-passive suicidal ideation ($OR = 7.01$). Finally, Study 4 examined the predictive validity of experiential avoidance (EA) in relation to suicidal ideation. As expected, EA was a significant predictor of suicidal ideation among Iraq/Afghanistan veterans, even after accounting for combat exposure, traumatic brain injury, stressful life events, and psychopathology symptoms. The implications of these findings for clinicians will be discussed.

THU 248

Suicidal Behavior in the U.S. Army: Results from the Army Study to Assess Risk and Resilience in Service Members (Army STARRS)

(Abstract #1464)

Poster #THU 248 (Prevent, Pub Health, Mil/Vets, Adult) - N/A

Naifeh, James¹, Kessler, Ronald², Gilman, Stephen³, Nock, Matthew⁴, Schoenbaum, Michael⁵, Stein, Murray⁶, Heeringa, Steven⁷, Colpe, Lisa⁵, Fullerton, Carol¹, Ursano, Robert¹

¹Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

²Harvard Medical School, Boston, Massachusetts, USA

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

⁴Harvard, Cambridge, Massachusetts, USA

⁵National Institute of Mental Health/NIH, Bethesda, Maryland, USA

⁶University of California, San Diego, La Jolla, California, USA

⁷University of Michigan, Ann Arbor, Michigan, USA

Using data from Army STARRS, a multi-component epidemiological study of risk and resilience in the U.S. Army, this presentation provides an overview of suicidal behavior among soldiers in all phases of Army service. Analyses of administrative records for all active duty Regular Army soldiers during 2004–2009 ($n=975,057$) found rising suicide rates among never, currently, and previously deployed soldiers, which were not explained by time trends in predictors or increased use of accession waivers. Suicide rates were significantly elevated among enlisted soldiers deployed either during their first year of service or with less than expected junior enlisted rank, and women had a substantially greater rise in suicide than men during deployment. Results from a representative survey of non-deployed Regular Army soldiers ($n=5,428$) estimated prevalence rates and predictors of postenlistment suicide ideation (5.8%), plans (2.5%), and attempts (1.3%). Results from a survey of new soldiers reporting for Basic Combat Training ($n=38,507$) estimated the lifetime prevalence of preenlistment suicide ideation (14.1%), plans (2.3%), and attempts (1.9%). Only PTSD and disorders characterized by irritability and impulsive/aggressive behavior predicted unplanned attempts among new soldiers with preenlistment ideation.

THU 249

Meaning in Life as a Protective Factor for the Emergence of Suicide Ideation and Attempts among Military Personnel and Veterans with PTSD and Depression

(Abstract #1466)

Poster #THU 249 (Clin Res, Clin Res, Cog/Int, Depr, Mil/Vets, Adult) - Industrialized

Bryan, Craig, Sinclair, Sungchoon, Bryan, AnnaBelle
National Center for Veterans Studies and University of Utah, Salt Lake City, Utah, USA

The current study examined the fluid vulnerability theory (FVT) to determine how the presence of meaning in life influences the emergence of suicide ideation and the transition from suicide ideation to attempts among military personnel and veterans with posttraumatic stress disorder (PTSD) and depression. We used pathway analysis to determine if the presence of meaning in life and the search for meaning life explained the relationship among PTSD and depression with suicide ideation and suicide attempts. A total of 393 U.S. service members and veterans (69.7% male; 82.5% Caucasian; mean age = 36.26) enrolled in college completed an anonymous online survey assessing basic demographic information, posttraumatic stress, depression,

meaning in life, suicide ideation, and suicide attempts. Results indicate that student service members/veterans with severe PTSD and depression are less likely to report the presence of meaning in life. Likewise, the presence of meaning in life is associated with decreased risk for suicide ideation. The presence of meaning in life statistically mediated the relation of emotional distress with suicide ideation and attempts, suggesting that meaning in life may be an important variable for explaining why some military personnel and veterans with PTSD become suicidal.

THU 250

Social Cognition as a Novel Risk Factor for Suicidal Ideation in Veterans with PTSD

(Abstract #1467)

Poster #THU 250 (Assess Dx, Cog/Int, Mil/Vets, Adult) - Industrialized

DeBeer, Bryann¹, Kimbrel, Nathan², Meyer, Eric¹, Kittel, Julie¹, Davidson, Dena¹, Morissette, Sandra¹

¹VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA

²Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA

Background: Social connection is a known predictor of suicide among veterans with PTSD. To date, however, little research has examined if social cognition—which refers to the mental operations that underlie social behavior—might also be associated with risk for suicidal behavior among veterans with PTSD. Methods: Veterans diagnosed with PTSD ($n = 59$) or schizophrenia/schizoaffective disorder ($n = 27$) were recruited. Multiple measures of social cognition were administered to veterans. Structured clinical interviews were used to assess Axis I disorders and suicidal behavior. Results: Individuals with PTSD exhibited deficits in social cognition that were similar to those among individuals with schizophrenia. In addition, hierarchical linear regression analyses revealed that one of the facets of social cognition—social cue perception—was a predictor of suicidal ideation ($\beta = -.33$, $p = .01$, $\Delta R^2 = .08$), even after accounting for the influence of previous suicide attempts, PTSD symptom severity, and demographic variables. Conclusion: Taken together, these findings suggest that individuals with PTSD may exhibit deficits in social cognition that are similar in magnitude to those observed among individuals with schizophrenia. Moreover, social cognition deficits appear to place veterans with PTSD at increased risk for suicidal ideation.

THU 251

Compensatory Self-Injury in the General Population: Adverse Events, Posttraumatic Stress, and the Mediating Role of Dissociation

(Abstract #273)

Poster #THU 251 (Clin Res, Affect/Int, Complex, Adult) - Industrialized

Eadie, Erin¹, Briere, John²

¹Hospital for Sick Children, Toronto, Ontario, Canada

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

Self-injurious behaviour (SIB) is seen clinically among trauma survivors, particularly those with posttraumatic stress and dissociative symptoms, as well as among related clinical presentations such as borderline personality disorder (BPD). However, few studies have examined risk factors and pathways leading to SIB in non-clinical samples. The present study examined a sample of 679 individuals from the general population, with 29 (4.3%) respondents indicating some level of self-injurious behavior (SIB) in the past six months. Univariate analyses showed that younger age, history of exposure to a traumatic or other very upsetting event, posttraumatic stress, and dissociation were all correlated with SIB. A direct-effects path analysis indicated that when all variables except dissociation were considered simultaneously, posttraumatic stress and age continued to be predictors of SIB. However, when dissociation was added to the model in a second analysis, it fully mediated the relationship between posttraumatic stress and SIB. These results suggest that the association between posttraumatic stress and SIB may be due, at least in part, to the strong association between posttraumatic stress and dissociation, the latter of which may be a more proximal indicator of SIB. Implications for assessment and treatment of individuals presenting with SIB will be discussed.

THU 252

Attachment as a Link between Dysfunctional Parental Treatment and Later Trauma Symptoms

(Abstract #274)

Poster #THU 252 (Clin Res, CPA, Complex, Neglect, Intergen, Adult) - Industrialized

Runtz, Marsha¹, Godbout, Natacha², Briere, John³

¹University of Victoria, Victoria, British Columbia, Canada

²Universite du Quebec a Montreal (UQAM), Montreal, Quebec, Canada

³*University of Southern California, Los Angeles, California, USA*

Much has been written about the deleterious effects of growing up in a dysfunctional family environment (e.g., Palmo & Palmo, 1996; Tobin et al., 2013). Such environments may include actual physical or sexual abuse but more often are characterized by a pattern of negative and invalidating treatment of the child by the parent that may be rooted in the parent's own history of abuse or neglect. This study seeks to elucidate the components of invalidating family environments, along with their potential impact on attachment and four dimensions of trauma symptoms (posttraumatic stress, self-disturbance, externalization, and somatisation) in adulthood. Over 700 women and men reported on early relationships with their primary caregivers using established and newly developed scales to assess the extent to which their parent was fearful, frightening, disengaged, emotionally or psychologically abusive, and psychologically neglectful. Results demonstrated that invalidating parental treatment predicted insecure adult attachment as well as trauma symptoms. Structural equation modelling was used to explore the role of attachment as a mediator of the link between parental treatment and trauma symptoms. Findings are discussed in relation to prevention, treatment, and intergenerational theories of child maltreatment.

THU 253
Exploring Gender Differences in Service Utilization among OEF/OIF Veterans with PTSD after a Brief Cognitive-Behavioral Intervention

(Abstract #692)

Poster #THU 253 (Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized

Gallegos, Autumn¹, **Stecker, Tracy**², **Streltsov, Nicholas**², **Carpenter-Song, Elizabeth**², **Nicholson, Joanne**²

¹*University of Rochester, Rochester, New York, USA*

²*Dartmouth, Lebanon, New Hampshire, USA*

Women veterans of Iraq and Afghanistan (OEF/OIF) have moderately higher odds (ranging from 1.7 to 2.5) of developing post-deployment post-traumatic stress disorder (PTSD) than male veterans. However, seeking services to address PTSD and its devastating consequences is not universal. Understanding gender differences in predictors of and barriers to treatment is essential to improving engagement and mental health outcomes. This mixed-methods study examined gender differences in treatment utilization after a brief, Cognitive-Behavioral Therapy (CBT) intervention among male and female OEF/OIF veterans in a randomized clinical trial. Participants were 35 female

and 238 male OEF/OIF veterans who screened positive for PTSD and had never initiated any treatment for PTSD. They were randomly assigned to a telephone-based CBT intervention or a wait-list control. Female veterans who received an intervention were significantly more likely to have attended treatment over the six-month follow-up period than male veterans who received an intervention ($X^2 = 7.91$, $df = 3$, $OR = 3.93$, $p = 0.04$). In our qualitative analysis, we found that women were more likely to discuss concerns about treatment as barriers to care and men were more likely to discuss logistical issues. The CBT intervention may be a critical mechanism to engage female veterans in treatment.

THU 254
Analysis of Treatment Seeking Beliefs Among Veterans with PTSD: Is Belief Content Related to Patient Clinical Outcomes?

(Abstract #694)

Poster #THU 254 (Clin Res, Clin Res, Mil/Vets, Care, Adult) - Industrialized

Johnson, Emily¹, **Possemato, Kyle**², **Webster, Brad**¹

¹*Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, New York, USA*

²*Syracuse Veterans Affairs Medical Center, Syracuse, New York, USA*

Aim: The current study documents the relationship between the content of CBT sessions designed to increase PTSD treatment utilization and treatment utilization outcomes. **Methods:** 36 Veteran primary care patients with PTSD participated in a referral management service involving a 1 session CBT intervention designed to address treatment-related beliefs and follow-up phone calls to facilitate subsequent treatment engagement. Session notes were analyzed using a mixed methods approach combining content analysis with quantitative analyses. **Results:** Automatic thoughts centered around the themes of treatment related beliefs (89%), emotional readiness for treatment (42%), logistic concerns (14%) PTSD related beliefs (11%), and attitudes related to treatment (8%). Initial analyses suggest that individuals reporting treatment related beliefs, such as "treatment is harmful" attended fewer mental health sessions than individuals who do not report treatment related beliefs, $t(34) = 2.40$, $p = .02$. The presence and valence of alternate thoughts were not significantly associated with number of sessions attended or intake session attendance. **Conclusions:** Results provide further discussion of thoughts generated in session. Clinical implications include guidance on what treatment seeking beliefs are most related to treatment utilization and therefore should be

targeted for intervention.

THU 255

Get moving! Virtual Reality Exposure Based Multi-Modular Motion-Assisted Memory Desensitization and Reconsolidation (3MDR) for the Treatment of Veterans with Chronic Posttraumatic Stress Disorder
(Abstract #782)

Poster #THU 255 (Clin Res, Chronic, Tech, Mil/Vets, Adult) - Industrialized

van Gelderen, Marieke¹, Nijdam, Mirjam², Vermetten, Eric³
¹Centrum '45 Arq, Oegstgeest, Noord-Holland, Netherlands
²Centrum '45 Arq / Academic Medical Center Amsterdam, Amsterdam, Noord-Holland, Netherlands
³Leiden University Medical Center, Leiden, ZH, Netherlands

Veterans with posttraumatic stress disorder (PTSD) represent a group that improves the least from exposure-based treatments, due to persistent cognitive avoidance and drop-out. To overcome this, a new approach has been designed that incorporates elements of Virtual Reality Exposure and Eye-Movement Desensitization Reprocessing, embedded in a motion-assisted interactive environment with self-chosen images and music. It aims to decrease cognitive avoidance, empower patients and augment presence. In two open pilot studies with veterans (N=12) with chronic PTSD, objective and subjective experiences were assessed. Patients reported a breakthrough in emotions and the ability to retrieve new associative memories. Results indicated a drop in PTSD symptoms. There was no drop-out and increased willingness to continue treatment. Based on these results a randomized controlled trial has been designed, in which the effect of 3MDR compared to treatment as usual is examined in veterans with chronic treatment resistant PTSD. Participants receive 6 weekly 3MDR sessions. PTSD, related symptoms and neuropsychological functioning are assessed at four time points. To assess patients' stress-response we collected cortisol in saliva. Preliminary results from this study will be presented. A positive study outcome would signify a huge improvement of care for this chronic therapy resistant population.

THU 256

A Randomized Controlled Trial on the Efficacy of Virtual Reality Exposure Therapy (VRET) for Survivors of Childhood Sexual Abuse and War related Trauma
(Abstract #783)

Poster #THU 256 (Clin Res, CSA, Media, Tech, Mil/Vets, Adult) - Industrialized

van Meggelen, Marieke¹, Morina, Nexhmedin², Brinkman, Willem-Paul³, van der Heiden, Colin⁴, Rodenburg, Jan⁵, Geraerts, Elke⁶, Tielman, Myrthe³, Franken, Ingmar¹

¹Erasmus University Rotterdam, Rotterdam, Zuid-Holland, Netherlands

²University of Amsterdam, Amsterdam, Noord-Holland, Netherlands

³Technia University Delft, Delft, Zuid-Holland, Netherlands

⁴PsyQ Rijnmond, Rotterdam, Zuid-Holland, Netherlands

⁵Psychotraumacenter South Netherlands, 's Hertogenbosch, Noord-Brabant, Netherlands

⁶Buysse-Geraerts | Better Minds At Work, Antwerpen, Belgium

Preliminary research provides promising results on the efficacy of computerized interventions, including Virtual Reality Exposure Therapy (VRET) for the treatment of PTSD. The goal of the current randomized controlled trial (RCT) is to evaluate the efficacy of a novel computerized intervention for Childhood Sexual Abuse (CSA) and war related PTSD and depression. The intervention consists of 12 VRET sessions conducted at home as compared to treatment as usual (TAU). In this study, 144 individuals with CSA or war related trauma and a diagnosis of PTSD and/or depression are being included from three mental health care locations in the Netherlands. VRET is offered via the Multi-Modal Memory Restructuring (3MR) system, a new technology which enables patients to place traumatic memories on a timeline and illustrate them with personal photos, narrative text, online geographical maps and a patient created 3D virtual world. The aim of this ongoing project is the evaluation of the effectiveness of a potentially easily accessible and cost-effective intervention for survivors of CSA and war with limited access to mental health. The presentation will focus on the content of this novel intervention and will describe the experience gained with the first patients who have completed the intervention.

THU 257**Implementing Cognitive Training with Iraq and Afghanistan Veterans with PTSD: Challenges and Lessons Learned**

(Abstract #1429)

Poster #THU 257 (Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized**Samuelson, Kristin**¹, Abadjian, Linda¹, Koenig, Christopher², Tarasovsky, Gary¹, Seal, Karen³¹San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA²University of California, San Francisco and San Francisco VAMC, San Francisco, California, USA³San Francisco VA Medical Center and UCSF, San Francisco, California, USA

There has been a proliferation of computerized cognitive training programs and some may be suitable for use with patients with PTSD, who typically exhibit relatively subtle neurocognitive deficits. We initiated a randomized controlled trial to test the effectiveness of a neuroplasticity-based cognitive training for Iraq and Afghanistan veterans with PTSD who self-reported neurocognitive problems interfering with daily functioning. Twenty-three veterans enrolled in the study, but only 8 completed the intervention. Weekly qualitative information was collected from participants about the feasibility, acceptability, and usability of the program. Both veterans who completed and dropped out of the study reported two prominent and consistent themes: 1) although they were motivated to improve memory and attention, they felt the training was too time-consuming and competed with work and school obligations; and 2) they perceived the training to be boring and unsophisticated in terms of content, graphics, and technology. These results highlight the challenges of implementing time-intensive cognitive training for technologically savvy, younger patients with only mild cognitive dysfunction. Results indicate that there is a need to utilize programs that are more practically relevant, convenient, and appealing to this population of returning veterans.

THU 258**An Exploratory Examination of the Association between PTSD, Depression, Subjective Cognitive Rating, and Cognitive Performance following PTSD/TBI Residential Treatment**

(Abstract #1481)

Poster #THU 258 (Clin Res, Clinical Practice, Cog/Int, Depr, Mil/Vets, Adult) - Industrialized**Walter, Kristen**¹, Kiefer Luehring, Sarah², Bartel, Alisa³, Parkinson, R.⁴, Chard, Kathleen², Monroe, J.⁵¹Naval Health Research Center, San Diego, California, USA²Cincinnati VA Medical Center, Cincinnati, Ohio, USA³San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA⁴Elks Rehabilitation Hospital, Boise, Idaho, USA⁵Department of Veteran Affairs, Cincinnati, Ohio, USA

Symptoms associated with posttraumatic stress disorder (PTSD), depression, and traumatic brain injury (TBI) may contribute to cognitive impairment, which may be critical for global functioning. The study examined whether (1) PTSD, depression, subjective cognitive rating, and cognitive performance improved following treatment and (2) improvements in PTSD and depression were associated with improvements in subjective cognitive rating and cognitive performance among 34 veterans in a PTSD/TBI residential treatment program. PTSD and depression, as well as subjective cognitive rating and cognitive performance, improved following treatment. Results also showed that decreases in self-reported depression, self-reported PTSD symptoms, and improved subjective cognitive rating were significantly associated. Changes in cognitive performance were not significantly related to changes in the PTSD variables, depression, or to subjective cognitive rating. Findings suggest that improved subjective cognitive rating is significantly associated with decreases in depression and PTSD symptoms, but not to improvements in cognitive performance. Results provide preliminary support for multidisciplinary efforts in treating veterans with PTSD and a history of TBI and highlight the importance of utilizing both self-report and objective cognitive measures in assessment.

THU 259**Comparison of the Effectiveness of Mindfulness Meditation for Posttraumatic Stress Disorder (PTSD) Delivered via Videoconferencing and In-Person Formats**

(Abstract #885)

Poster #THU 259 (Clin Res, Affect/Int, Clinical Practice, Tech, Adult) - Industrialized**Stratton, Kelcey**¹, Reiner, Brian¹, Meyer, Brian²¹Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA²Duke University, Richmond, Virginia, USA

Recent research shows that mindfulness interventions hold promise for treatment of PTSD. Further, there is a need to expand access to specialized PTSD therapies, and treatment delivery via technology is a key clinical research area. As part of a national project examining 8 meditation approaches, the present study compared effectiveness of a mindfulness meditation intervention for PTSD

delivered via videoconferencing (Telehealth) and in-person. Veterans diagnosed with PTSD (N=33, Telehealth; N=35, in-person) participated in a 12-session program. ANOVA and effect sizes determined within- and between-group differences in PTSD symptoms and mindfulness constructs in a pre-post treatment design. Veterans in both groups demonstrated significant decreases in interviewer-assessed PTSD symptom severity, $d_s=.49-.50$. Veterans in the in-person group showed more clinically meaningful symptom decline compared to the Telehealth group; however, effect sizes were comparable for the groups. There were moderate improvements in self-reported avoidance, mindfulness, and quality of life. Telehealth delivery of mindfulness meditation appears to have similar benefits when compared to in-person delivery, suggesting that Telehealth meditation programs are potentially effective means for innovative PTSD interventions. The current program is recommended for further research and implementation evaluation.

THU 260

Yoga for Warriors: Evaluation of the Feasibility and Effectiveness of a Pilot Program for Veterans with Co-Morbid Chronic Pain and PTSD

(Abstract #886)

Poster #THU 260 (Clin Res, Affect/Int, Comm/Int, Illness, Adult) - Industrialized

Chopin, Suzette¹, Meyer, Brian², Sheerin, Christina¹, McDonald, Scott¹

¹Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA

²Duke University, Richmond, Virginia, USA

Yoga for Warriors incorporates scientific knowledge from the individual fields of pain and trauma to provide an integrated treatment for veterans with co-morbid chronic pain and PTSD. Informed by research, this innovative, 10-session standardized program treats patients from the outpatient mental health clinic of an urban VA Medical Center. Seven veterans from Cohort 1 completed the program (62% retention), 11 are currently enrolled, and data from subsequent cohorts (15 to 20 patients anticipated) will be presented. This intervention uses a pre/post open trial cohort design. Participants in Cohort 1 (57% male, Mage = 52.7) completed NIH PROMIS physical and mental health measures and measures of mindfulness and kinesiophobia (fear of movement). The PCL-5 and Trauma Symptom Checklist-40 were added to Cohort 2 and subsequent cohorts. Preliminary results indicate moderate effect sizes for reductions in anger ($d = .59$) and small effect sizes for increased ability to participate in social roles (SR) ($d = .39$) and decreased kinesiophobia ($d = .46$). At post-

test only, a strong positive correlation existed between SR and mindfulness ($r = .76$). Cohort 1 reported high program satisfaction. Results support the acceptability of Yoga for Warriors and its effectiveness in reducing emotional distress and improving functioning.

THU 261

Seeing through a Different Lens: The Feasibility and Acceptability of Mindfulness Meditation as a Group Treatment for PTSD Provided via Videoconferencing

(Abstract #887)

Poster #THU 261 (Clin Res, Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized

Meyer, Brian¹, Stratton, Kelcey²

¹Duke University, Richmond, Virginia, USA

²Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA

Many trauma survivors living in rural areas lack access to therapists who provide evidence-based and promising treatments for PTSD. This presentation describes the development and implementation of an innovative Mindfulness Meditation program delivered via videoconferencing to veterans living in rural areas. It discusses the scientific rationale for using meditation to activate the parasympathetic nervous symptoms of trauma survivors. The 12 session, weekly telemental health program was delivered to 33 combat veterans diagnosed with PTSD at three remote sites. 79% of participating veterans completed the program and 94% completed post-intervention assessments. There were no technical failures during videoconferencing sessions, and clinical crises were jointly and successfully managed with clinicians at the telehealth sites. ANOVA and effect sizes examined within- and between-group differences in treatment satisfaction, indicating high levels of satisfaction in the videoconferencing condition comparable to those of a control group (N=35) participating in the same program in person, despite initial differences in PTSD severity as measured by the CAPS. The feasibility and acceptability of the program was good for both groups, suggesting that videoconferencing delivery of Mindfulness Meditation is a feasible means of increasing access to innovative PTSD treatment in rural areas.

THU 262

Meditation-Based Mantram Repetition Compared to Present Centered Therapy Reduces Hyperarousal and Insomnia in Veterans with Posttraumatic Stress Disorder: A Two-Site Randomized Controlled Trial
(Abstract #888)

Poster #THU 262 (Clin Res, Clinical Practice, Sleep, Train/Ed/Dis, Mil/Vets, Adult) - Industrialized

Bormann, Jill¹, Beck, Danielle², Plumb, Dorothy³, Glickman, Mark⁴, Zhao, Shibe³, Osei-Bonsu, Princess³, Johnston, Jennifer⁵, Rodgers, Carrie⁶, Heppner, Pia⁷, Thorp, Steven⁷, Tate, Susan⁷, Groessl, Erik⁷, Gacnik, Teresa², McCook, Patty², Kelly, Ann², Herz, Lawrence³, Elwy, A. Rani³
¹Veterans Affairs Center of Excellence for Stress and Mental Health, San Diego, California, USA
²VA San Diego Healthcare System, San Diego, California, USA
³VA Bedford Healthcare System, Bedford, Massachusetts, USA
⁴Boston University School of Public Health, Boston, Massachusetts, USA
⁵Veterans Affairs Medical Center, Lowell, Massachusetts, USA
⁶Center of Excellence for Stress and Mental Health, VA San Diego Healthcare System; UC San Diego, San Diego, California, USA
⁷VA San Diego Healthcare System / UCSD, San Diego, California, USA

The meditation-based Mantram Repetition Program (MRP) has previously shown efficacy in reducing posttraumatic stress disorder (PTSD) severity in Veterans when delivered as an adjunct to case management compared to case management alone. This current two-site, parallel condition, randomized controlled trial, compared MRP to an active control of Present Centered Therapy (PCT). Veterans (N=173) were block randomized to control for prescribed PTSD medications. Blinded assessments were conducted at baseline, post-treatment, and 2 months follow-up using the Clinician-Administered PTSD Scale (CAPS) and Insomnia Severity Index (ISI). Mixed-effects, repeated measures models adjusting for socio-demographic factors demonstrated that Veterans completing MRP (n=89) compared to PCT (n=84) had significantly greater decreases in total CAPS scores, in both avoidance and hyperarousal cluster scores; and greater decreases in ISI scores at post-treatment (all $p < .05$), accounting for the multiplicity of tests via a false discovery rate adjustment. Hyperarousal and insomnia scores also had significantly greater decreases from baseline to 2-months follow-up ($p < .05$), demonstrating lasting improvements for those in MRP. These results suggest the MRP may be a promising treatment, in

addition to other evidence-based treatments, for Veterans with major functional complaints of hyperarousal and insomnia.

THU 264

The Intersection between Victimization, Substance Use, Mental Health and HIV Risk among Young Women
(Abstract #1178)

Poster #THU 264 (Clin Res, CSA, Clin Res, Rape, Sub/Abuse, Adult) - Industrialized

Orchowski, Lindsay¹, Gobin, Robyn², Zlotnick, Caron¹

¹Brown University Warren Alpert Medical School, Providence, Rhode Island, USA

²San Diego VA/University of San Diego, San Diego, California, USA

Relatively little is known about exposure to various forms of violence and HIV risk behavior among community college women. Informed by syndemic theory, the current study examined childhood and adolescent sexual victimization, lifetime intimate partner violence (IPV), past year substance use, and mental health conditions as additive and interactive contributors to women's failure to use a condom during sexual intercourse. Women ages 18-24 attending a community college (N = 212) were recruited via fliers to complete assessments of health and dating behaviors. Women endorsing more psychosocial risk factors were more likely to not use a condom during their last sexual intercourse. Women reporting both adolescent sexual victimization and lifetime IPV were more likely to not use a condom during their last sexual intercourse compared to women experiencing neither or one form of victimization. Additionally, women reporting both lifetime IPV and marijuana use in the past year were more likely to not use a condom during their last sexual intercourse compared to women reporting neither or only one of the experiences. These findings underscore the importance of addressing how violence, substance use, and mental health intersect with risk sexual behavior in the context of HIV/STI prevention programs.

THU 265

In-The-Moment Dissociation, Emotional Numbing, and Sexual Risk: The Influence of Sexual Trauma History, Trauma Symptoms, and Alcohol Intoxication
(Abstract #1179)

Poster #THU 265 (Clin Res, Anx, CSA, Rape, Sub/Abuse, Adult) - N/A

Stappenbeck, Cynthia¹, George, William², Staples, Jennifer², Nguyen, Hong², Davis, Kelly², Kaysen, Debra², Heiman, Julia³, Masters, N. Tatiana², Norris, Jeanette², Danube, Cinnamon², Gilmore, Amanda², Kajumulo, Kelly²

¹University of Washington School of Medicine, Seattle, Washington, USA

²University of Washington, Seattle, Washington, USA

³Indiana University, Bloomington, Indiana, USA

Prior research on the effects of sexual trauma has examined dissociation but not emotional numbing experiences during sex and has relied exclusively on retrospective surveys. The present experiment examined associations among distal factors of sexual trauma history and trauma symptoms, and the proximal factor of acute alcohol intoxication on in-the-moment dissociation, emotional numbing, and sexual risk intentions. Moderate drinking women (N = 436) were randomized to receive alcohol (BAC = .10%) or no alcohol. They then read an eroticized sexual scenario and reported on their dissociation and emotional numbing experiences, unprotected sex refusal self-efficacy, and unprotected sex intentions. Path analysis revealed that sexual trauma history was indirectly associated with increased unprotected sex intentions through increased trauma-related symptoms, increased emotional numbing, and decreased unprotected sex refusal self-efficacy. Further, alcohol intoxication was indirectly associated with increased unprotected sex intentions through increased emotional numbing and decreased unprotected sex refusal self-efficacy. Emotional numbing, but not dissociation, was associated with the sexual risk intentions of women with sexual trauma histories and may be one potential target for intervention efforts aimed at reducing sexual risk among women with a history of sexual trauma.

THU 266

Intimate Partner Violence History, Partner Pressure, and Alcohol: The Roles of Fear, Anticipated Partner Response, and Condom Negotiation Efficacy in Women's Condom-Decision Abdication

(Abstract #1180)

Poster #THU 266 (Clin Res, DV, Health, Rape, Sub/Abuse, Adult) - Industrialized

Neilson, Elizabeth¹, Gilmore, Amanda¹, Cue Davis, Kelly¹, Stappenbeck, Cynthia², George, William¹, Norris, Jeanette¹

¹University of Washington, Seattle, Washington, USA

²University of Washington School of Medicine, Seattle, Washington, USA

Intoxicated (BAC = .10%) versus sober women were evaluated using path analyses to test the hypothesis that intimate partner violence (IPV) history would interact with scenario-context partner pressure to forgo condom use, resulting in greater condom-decision abdication – letting the man decide. Method: After beverage administration, community women (n=406) projected themselves into a scenario depicting a male partner exerting high or low pressure for unprotected sex. Fear, anticipation of partner's negative reactions, condom negotiation self-efficacy, and condom-decision abdication were assessed. Results: Two-thirds of the sample (66%) had at least one lifetime incident of IPV. Path analysis examined the direct and indirect IPV effects, alcohol and pressure conditions on condom use abdication. The model accounted for 48% of abdication variance. IPV increased abdication directly and indirectly through decreased condom negotiation self-efficacy. Intoxication moderated IPV effects on partner response such that anticipated negative partner response was highest for sober women with an IPV history. Conclusion: Women with IPV histories may benefit from interventions focusing on ways in which fear, anticipated partner response, condom negotiation self-efficacy, and intoxication influence their sexual decision making.

THU 267

The Association between Acute Plasma Cortisol and Intrusions after Injury

(Abstract #804)

Poster #THU 267 (Bio Med, Acc/Inj, Acute, Bio Med, Bio/Int, Adult) - Industrialized

Mouthaan, Joanne¹, Sijbrandij, Mari², Olf, Miranda³

¹Leiden University, Leiden, Zuid-Holland, Netherlands

²VU University, Amsterdam, Noord-Holland, Netherlands

³Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Noord-Holland, Netherlands

Decreased activation of the hypothalamus–pituitary–adrenal axis in response to traumatic stress is suspected to be a vulnerability factor for posttraumatic stress disorder (PTSD). However, it is still unclear how cortisol levels are associated with the formation of intrusions, as certain elevations in cortisol are needed for declarative memories. In our previous study of 397 injured trauma victims, we found that lower acute post-injury cortisol predicted 6-week and 6-month PTSD symptoms (Mouthaan et al., 2014). The current study further examined whether acute cortisol was primarily associated with intrusions after injury. Data were used from a prospective study of adult injured trauma victims. Plasma cortisol was assessed at the initial medical examination at the

trauma center. Intrusive symptoms were assessed with self-report (IES-R, at 1 week post-injury) and with clinical assessment (CAPS, 6 weeks post-injury). Acute cortisol was significantly associated with 6-week intrusive symptoms, but not with 1-week intrusions. This finding may support the theory that an adaptive cortisol response after trauma is needed to limit intrusions at longer term.

THU 268

Does a Repeated Cortisol Administration Reduce Intrusive Memories?

(Abstract #805)

Poster #THU 268 (Clin Res, Bio Med, Health, Bio/Int, Adult) - Industrialized

Holz, Elena, Gräbener, Alexandra, Lass-Hennemann, Johanna, Michael, Tanja
Saarland University, Saarbruecken, Saarland, Germany

PTSD-patients suffer from intrusive images of the traumatic event, which retain its vividness and power to evoke distress for decades. Thus, the reduction of intrusive memories is one of the main aims of PTSD therapy. Recently, cortisol has been proposed as a pharmacological option in reducing intrusive memories. Cortisol has been shown to inhibit memory retrieval and intrusive reexperiencing is characterized by excessive retrieval of the traumatic memories. The aim of the present study was to systematically investigate the influence of repeated cortisol administration on intrusive memories. 60 healthy participants were exposed to a "traumatic" film clip (trauma-film-paradigm). In a double-blind design they were randomly assigned to receive either a low dose of cortisol (20 mg) or placebo on the three days following "trauma exposure". Participants were asked to monitor their intrusive memories of the traumatic film using an electronic diary. Results will be presented at the conference.

THU 269

Longitudinal Relations between Daily Neuroendocrine Output and Intrusion Symptoms in Women Recently Exposed to Interpersonal Violence

(Abstract #807)

Poster #THU 269 (Clin Res, Acute, Bio/Int, Adult) - Industrialized

Hellman, Natalie¹, **Morris, Matthew**², **Rao, Uma**³

¹University of Tulsa, Tulsa, Oklahoma, USA

²Meharry Medical College, Nashville, Tennessee, USA

³University of Tennessee - Knoxville, Knoxville, Tennessee, USA

The interaction of norepinephrine and cortisol during encoding promotes recall of threatening events and has been implicated in the over-consolidation of trauma memories and development of intrusion symptoms in posttraumatic stress disorder (PTSD). The present study reports preliminary data from a larger, ongoing study examining risk for PTSD. Participants were 31 young adult women who were assessed within one month of an incident of interpersonal violence and again at 1-, 3-, and 6-month follow-ups. Intrusion symptoms were assessed with the Clinician-Administered PTSD Scale. Daily cortisol and alpha-amylase (sAA) output was determined by saliva samples collected over two consecutive days. Multilevel models revealed that the cortisol X sAA interaction was significantly associated with nightmare frequency over time. Among women with higher daily cortisol output, greater sAA secretion was associated with lower nightmare frequency; among women with lower daily cortisol output, nightmare frequency was high regardless of sAA output. That women with lower cortisol output reported more nightmares is intriguing given evidence that glucocorticoids impair memory retrieval. The present findings highlight the potentially synergistic role of sympathetic nervous system and hypothalamic-pituitary-adrenal activity in determining risk for posttraumatic nightmares.

THU 270

Examining Models of Dissociation in Women with and without a Sexual Abuse History

(Abstract #317)

Poster #THU 270 (Clin Res, Acute, Assess Dx, Chronic, Cog/Int, Adult) M - N/A

Malaktaris, Anne, Lynn, Steven
Binghamton University (SUNY), Binghamton, New York, USA

The fantasy model of dissociation (FM; Giesbrecht et al., 2008) contends that fantasy proneness, cognitive failures, general distress, and suggestibility foster reports of dissociation. We administered measures pertinent to the evaluation of this model to women with and without a reported sexual abuse (SA) history. Consistent with the posttraumatic model of dissociation (Dalenberg et al., 2012), dissociation and PTSS were moderately correlated. However, consistent with the FM, dissociation was moderately correlated with cognitive failures, fantasy proneness, and general distress. PTSS were strongly correlated with general distress and moderately correlated with cognitive failures and fantasy proneness. When we statistically accounted for general distress, fantasy

prone to, and cognitive failures, PTSS and dissociative symptoms were no longer significantly correlated. When we examined sexual abuse victims, PTSS were not significantly correlated with fantasy proneness, and fantasy proneness was not significantly correlated with general distress. However, when we statistically accounted for general distress, fantasy proneness, and cognitive failures, PTSS and dissociative symptoms were only weakly correlated. Our findings support the hypothesis that when theoretically meaningful variables are accounted for statistically, dissociation and PTSS are at best only weakly linked.

THU 271

The Role of Psychological Flexibility in Symptom Reduction during Exposure Treatment

(Abstract #1989)

Poster #THU 271 (Clin Res, Mil/Vets, Prof) - N/A

*Delaney, Eileen¹, **Ram, Vasudha**¹, Webb-Murphy, Jennifer¹, McLay, Robert², Baird, Alicia², Nebeker, Bonnie¹, Gerard, Steven¹, Bhakta, Jagruti¹, Deal, William², Tran, Lily², Anson, Heather², Klam, Warren², Johnston, CAPT Scott¹*

¹Naval Center for Combat and Operational Stress Control (NCCOSC), San Diego, California, USA

²Naval Medical Center San Diego, San Diego, California, USA

There is debate regarding the similarities and differences between acceptance-based and traditional cognitive-behavioral strategies. Experiential avoidance within acceptance models is posited to play a fundamental role in psychopathology; thus, treatment aims to increase psychological flexibility (the ability to fully contact the present moment, and the thoughts and feelings it contains, in the pursuit of goals and values). It is unclear whether exposure treatments for PTSD involve extinguishing pathological fear responses, increasing acceptance of unwanted internal experiences, or both. Using the current data, psychological flexibility was examined to determine if it contributed to symptom reduction during VRE and CET. Both VRE and CET led to reductions in symptoms of PTSD, depression, anxiety, and functional disability from Time 1 to Time 2 ($p < .01$), and there was a significant increase in psychological flexibility ($p < .05$). Further, those who had a positive change in psychological flexibility ($n=40$) were compared to those who did not demonstrate such improvements ($n=27$). T-tests showed that symptom improvements on all outcomes were significantly greater for those who had an increase in psychological flexibility compared to those who did not ($p < .01$). These findings suggest that psychological flexibility plays an important role in

exposure-based treatment response.

THU 272

Trauma Types and Mental Health Outcomes in Active-Duty Service Members Enrolled in a Virtual Reality Program

(Abstract #1990)

Poster #THU 272 (Clin Res, Tech, Adult) - N/A

***Bhakta, Jagruti**¹, Ram, Vasudha¹, Webb-Murphy, Jennifer¹, McLay, Robert¹, Baird, Alicia², Nebeker, Bonnie¹, Gerard, Steven¹, Deal, William², Tran, Lily², Anson, Heather², Klam, Warren², Delaney, Eileen¹, Johnston, CAPT Scott¹*

¹Naval Center for Combat and Operational Stress Control (NCCOSC), San Diego, California, USA

²Naval Medical Center San Diego, San Diego, California, USA

Military traumas are multifaceted and can include a wide variety of high magnitude events such as being attacked or ambushed, seeing dead bodies, and personally knowing someone who was killed. Research suggests that psychological symptoms and treatment response may vary based on the types of traumatic events experienced. In order to further examine this hypothesis, we reviewed structured clinical interviews from 105 active-duty service members who were enrolled in a virtual reality treatment outcome study. Primary index traumas were categorized into one or more of the following trauma types: life threat to self (70.8%), life threat to others (81.3%), aftermath of violence (33.3%), traumatic loss (28.9%), moral injury by self (6.3%), moral injury by others (8.3%). There were no significant differences on treatment outcomes of PTSD (CAPS, PCL-M), depression (PHQ-9), and anxiety (BAI) based on trauma categories ($p < .05$). Traumatic loss was associated with higher scores on resilience (RSES) ($r = .21$). Moral injury to self was associated with higher scores on depression ($r = .23$). Life threat to others was associated higher levels of combat exposure (CES) ($r = .35$). Further research is warranted with larger sample sizes in order gain a better understanding of the relationship between specific trauma types and mental health outcomes.

THU 273

The Role of Negative Cognitions in PTSD and in the Efficacy of Psychotherapy

(Abstract #135)

Poster #THU 273 (Clin Res, Cog/Int, Adult) M - Industrialized

Bekes, Vera¹, Beaulieu-Prévost, Dominic², Guay, Stéphane¹, Belleville, Geneviève³, Marchand, André⁴
¹Université de Montréal & Centre d'Etude du Trauma, Montréal, Québec, Canada

²Université du Québec à Montréal (UQAM), Montréal, Québec, Canada

³Laval University, Québec, Québec, Canada

⁴Université du Québec à Montréal, Centre d'Etude sur le Trauma & Laboratoire d'Etude du Trauma, Montréal, Québec, Canada

Background: The cognitive-vulnerability theory hypothesizes that negative cognitions play key role in the development and maintenance of PTSD symptoms. In contrast, the scarring theory posits that PTSD symptoms have a deteriorating effect on personality, including the increase in negative trauma-related cognitions. Objective: We aimed to investigate the relationship between negative cognitions and PTSD symptoms by testing both models. Method: 71 patients with PTSD were assessed for negative cognitions and PTSD symptoms at 5 time points during and after cognitive-behavior psychotherapy. Longitudinal lagged regression modeling was used for data analyses. Results: PTSD symptom reduction between times predicted subsequent reduction in trauma-related negative cognitions, providing support for the scarring model. The reverse effect of change in cognitions predicting symptom change was nonsignificant. However, consistent with the cognitive-vulnerability model, negative cognitions at baseline predicted increasing amounts of variance in PTSD symptoms by time. Conclusion: We found evidence for both models. Effective therapies should address both symptom reduction and negative trauma-related cognitions, and early interventions should focus specifically on preventing the development of negative cognitions.

THU 274

Gender-Specific Processes of Change during Psychotherapy for PTSD – the Role of Social Support and Coping

(Abstract #136)

Poster #THU 274 (Clin Res, Clinical Practice, Adult) M - Industrialized

Bekes, Vera¹, Beaulieu-Prévost, Dominic², Guay, Stéphane¹, Belleville, Geneviève³, Marchand, André⁴
¹Université de Montréal & Centre d'Etude du Trauma, Montréal, Québec, Canada

²Université du Québec à Montréal (UQAM), Montréal, Québec, Canada

³Laval University, Québec, Québec, Canada

⁴Université du Québec à Montréal, Centre d'Etude sur le Trauma & Laboratoire d'Etude du Trauma, Montréal, Québec, Canada

Background: Adaptive coping and positive social support are associated with resilience to stress and trauma, and positively affect treatment efficacy. Objective: We aimed at identifying possible gender differences in coping and social support during psychotherapy for PTSD. Method: 59 patients were assessed for social support, three coping styles, and PTSD symptoms at baseline and at termination of a 20-sessions cognitive-behaviour psychotherapy. Results: Baseline and post-treatment social support, coping style and PTSD symptoms did not differ significantly in men and women. However, there were significant positive changes in women's social support from pre- to post-treatment, but there was no significant difference in support for men. Similarly, avoidant coping decreased, and positive reinterpretation and support seeking increased significantly from pre- to post-treatment for women, while only positive reinterpretation increased significantly for men, and change in the other two copings was nonsignificant. Conclusion: We found evidence gender specific paths of change during psychotherapy. While therapy outcome was similar for both genders, women's positive changes in coping style, and the more positive social support they received might strengthen their resilience to stress in general, and allow them to cope more adaptively with life situations outside therapy.

THU 275

The Relationship between Mindfulness and Trauma-Related Guilt in Treatment-Seeking Veterans

(Abstract #53)

Poster #THU 275 (Clin Res, Clinical Practice, QoL, Mil/Vets, Adult) I - Industrialized

Held, Philip¹, Monroe, J.², Owens, Gina³, Chard, Kathleen⁴

¹University of Missouri St. Louis, St. Louis, Missouri, USA

²Department of Veteran Affairs, Cincinnati, Ohio, USA

³University of Tennessee - Knoxville, Knoxville, Tennessee, USA

⁴Cincinnati VA Medical Center, Cincinnati, Ohio, USA

The present study examined the predictive properties of mindfulness and its various components (i.e., observing, describing, acting with awareness, accepting without judgment) in treatment-seeking veterans (N = 191) who report trauma-related guilt. The regression model was significant, suggesting that certain mindfulness skills were important predictors of trauma-related guilt ($F(4, 191) = 7.656, p < .001$). Accepting without judgment ($b = -.27, t = -3.54, p < .001$) and describing ($b = -.19, t = -2.33, p < .05$) were significant predictors of trauma-related guilt. Mindfulness components explained 12% of the

variance in trauma-related guilt, suggesting that mindfulness skills may be important but not sufficient in the treatment of trauma-related guilt. Mindfulness skills, such as describing one's experiences and accepting them without judgment may help individuals connect to their experiences from a neutral perspective, but this perspective alone may not be sufficient to effect change. Treatments that have shown promise in helping reduce the experience of trauma-related guilt (e.g., Held & Owens, 2015) often combine the practice of mindfulness with other actions directly associated with the alleviation of one's suffering.

THU 276
PTSD and Avoidance Coping as Predictors of the Number of Medical Detoxes in Treatment-Seeking Substance Users
 (Abstract #1442)

Poster #THU 276 (Clin Res, Clin Res, Sub/Abuse, Adult) I - N/A

Held, Philip¹, Owens, Gina², Beagley, Marin¹, Strasshofer, David¹, Anderson, Scott³
¹University of Missouri St. Louis, St. Louis, Missouri, USA
²University of Tennessee - Knoxville, Knoxville, Tennessee, USA
³Oakland University, Louisville, Tennessee, USA

The present study examined the predictive role of PTSD (total symptoms and individual symptom clusters) and problem-avoidance coping for relapse in a sample of treatment-seeking substance users (N = 75). T-tests and a stepwise regressions were performed. Individuals with probable PTSD based on PCL-S scores had a significantly higher number of prior detoxes compared to individuals without PTSD (t = 2.68, p = .009). PTSD symptom severity significantly predicted the number of medical detoxes individuals required (b = .36, p = .002). In the presence of problem-avoidance coping, which significantly predicted the number of medical detoxes (b = .369, p = .002), PTSD was no longer a significant predictor (b = .210, p = .065), suggesting that the reliance on problem-avoidance coping fully mediates the relationship between PTSD severity and the number of medical detoxes individuals required. Results from the present study support prior research, which suggests that untreated PTSD increases the risk of relapse in substance users. Further, the findings highlight the role of problem-avoidance coping as a barrier to achieving sobriety in individuals with PTSD. The importance of adequately treating PTSD, addressing avoidance behavior in and outside of therapy, and other implications for treatment will be discussed.

THU 277
Peritraumatic Dissociation Differentiates 9-1-1 Telecommunicators with Varied Levels of Symptomatology
 (Abstract #784)

Poster #THU 277 (Clin Res, Assess Dx, Cog/Int, Sub/Abuse, Adult) I - Industrialized

London, Melissa, Lim, Ban Hong (Phyllice), Lilly, Michelle
 Northern Illinois University, DeKalb, Illinois, USA

First responders are exposed to a high rate of potentially traumatizing events, yet not all experience high levels of symptomatology. Research has begun to examine factors that may distinguish between the varied response patterns, including peritraumatic dissociation (Galatzer-Levy, Madan, Neylan, Henn-Haase, & Marmar, 2011). The current study examined the role of peritraumatic dissociation in differentiating 9-1-1 telecommunicators of varying levels of posttraumatic stress, depressive symptoms, and drinking problems. Using a sample of 9-1-1 telecommunicators (N = 808) from across the US, hierarchical cluster analysis showed that approximately 42% of the sample fell into a severe symptom group marked by high levels of symptomatology. The remainder of the sample fell into symptom groups marked by moderate (35.2%) or minimal (22.8%) levels of symptomatology. Multinomial logistic regression analyses showed that peritraumatic dissociation distinguished between symptom groups. Results showed that as levels of dissociation during duty-related trauma increased, the odds of belonging to the group marked with high levels of symptomatology rather than the group with minimal symptomatology increased by 1.28 times. These findings indicate that degree of dissociation can distinguish between individual responses to duty-related trauma exposure among 9-1-1 telecommunicators.

THU 278
Do Posttraumatic Cognitions Mediate the Associations between Posttraumatic Stress Disorder and Co-occurring Alcohol Use Disorder or Depression?
 (Abstract #931)

Poster #THU 278 (Clin Res, Depr, Sub/Abuse, Adult) I - Industrialized

Wanklyn, Sonya¹, Shnaider, Philippe¹, Dutton, Courtney², Monson, Candice¹
¹Ryerson University, Toronto, Ontario, Canada
²University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA

Posttraumatic stress disorder (PTSD) is a chronic and debilitating mental health disorder that commonly co-occurs with alcohol use disorder (AUD) and major depressive disorder (MDD). Yet our understanding of factors that differentially predict PTSD and co-occurring AUD or MDD is limited. The current study examined the potential indirect effects of three domains of posttraumatic cognitions (i.e., negative cognitions about self, negative cognitions about the world, self-blame) in the relationships between PTSD and AUD or MDD. Participants included 102 individuals from the community who had experienced a traumatic event within the past 6 months. PTSD symptom severity was assessed using the Clinician-Administered PTSD Scale, AUD and MDD were assessed with the Mini International Neuropsychiatric Interview, and cognitions were based on self-report using the Posttraumatic Cognitions Inventory. PTSD symptom severity was associated with AUD and MDD diagnoses, but different cognitions mediated these relationships. Specifically, there was a significant indirect effect for negative thoughts about the world in the relation between PTSD and AUD, while negative cognitions about self had an indirect effect between PTSD and MDD. Results will be discussed with regard to implications for the development of early interventions for comorbid conditions following trauma exposure.

THU 279

Changes in Experiential Avoidance in a Substance Abuse Residential Rehabilitation Treatment Program for Veterans with PTSD: Examining Prolonged Exposure versus Treatment as Usual

(Abstract #97)

Poster #THU 279 (Clin Res, Sub/Abuse, Mil/Vets, Adult) A - N/A

Colvonen, Peter¹, Estey, David², Davis, Brittany³, Cassidy, Jason², Bogner, Rebecca⁴, Norman, Sonya⁵
¹University of California, San Diego and VA San Diego Healthcare System, San Diego, California, USA
²San Diego VA/University of San Diego, San Diego, California, USA
³VA San Diego Healthcare System, San Diego, California, USA
⁴North Dakota State University, San Diego, California, USA
⁵National Center for PTSD, San Diego, California, USA

Posttraumatic stress disorder (PTSD) is associated with impaired functioning and lower quality of life. Experiential avoidance (EA), unwillingness or inability to remain in contact with unwanted emotions, is posited as one reason PTSD has wide-ranging

impaired functioning. High EA has been linked independently with greater PTSD symptom severity and greater substance use (SU) severity. Increasing understanding of how EA changes through treatment is important for understanding PTSD and SU recovery. We examined how EA (Acceptance and Action Questionnaire-II) changed over time for Veterans in a Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). We also examined how EA changed as a function of prolonged exposure (PE) as compared to treatment as usual (TAU) in the program. Data were analyzed using mixed model procedures from baseline, post-treatment and 3-month follow-up; 58 Veterans were included (PE=9; TAU=49). Results showed that EA decreased for everyone over time but differed by treatment [Estimate: -13.22, f(196.00) = 3.25, p = .001, 95% CI -3.84, -15.65] such that PE decreased more than TAU. Improvements in EA may be due to feeling safe in SARRTP, increased sobriety, and/or the coping skills taught on the unit. PE may help improve EA more quickly.

THU 280

Relationship between Reckless Self-destructive Behavior and Posttraumatic Stress Disorder in Trauma-Exposed Veterans (Abstract #435)

Poster #THU 280 (Clin Res, Aggress, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Lusk, Joanna¹, Sperbeck, Emily², Sadeh, Naomi³, Wolf, Erika³, Miller, Mark⁴

¹Boston University School of Medicine and VA Boston Healthcare System, Boston, Massachusetts, USA

²VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA

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

⁴National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Jamaica Plain, Massachusetts, USA

Increased media attention on risky behavior in veterans, and the inclusion of self-destructive and reckless behavior as a symptom of posttraumatic stress disorder (PTSD) in DSM 5 has generated interest in understanding relationships between risky behaviors and trauma exposure in veterans. As such, this study's goal was to examine the relationship between reckless and self-destructive behaviors (RSDB) and PTSD severity over time. In a sample of trauma-exposed veterans (N=235, Male=86%), participants were assessed for RSDB (over the last 5 years) and current PTSD severity at time 1 (T1). PTSD severity was reassessed approximately 4 years later (T2). Overall, RSDB were reported by 74.4% of participants. Commonly endorsed behaviors

included use of alcohol and drugs (44%), driving while intoxicated (29%), aggression (25%), and gambling (25%). Unexpectedly, RSDB were not concurrently related to PTSD severity ($\beta = .36$, $p = .68$) at T1. However, engaging in RSDB at T1 predicted greater PTSD severity at T2 over and above PTSD severity at T1 ($\beta = 2.32$, $p = .01$). The mediating effects of personality traits and exposure to new stressful life events between T1 and T2 will be discussed. These results suggest that engaging in RSDB influences the course of PTSD severity over time.

THU 281

Associations between PTSD, PLAY, and relationship satisfaction in OEF/OIF Veterans (Abstract #232)

Poster #THU 281 (Clin Res, Mil/Vets, Adult) I - Industrialized

Betthausen, Lisa¹, Allen, Elizabeth², Brenner, Lisa³
¹VA Eastern Colorado Health Care System- VISN 19
 Denver VA MIRECC, Denver, Colorado, USA
²University of Colorado Denver, Denver, Colorado, USA
³Denver VA Medical Center, Denver, Colorado, USA

Veterans returning from deployment in Iraq and Afghanistan have often been exposed to intense combat experiences and are at increased risk for PTSD. PTSD often negatively impacts relationship satisfaction in military personnel. Very few studies have examined potential strategies to increase relationship satisfaction when PTSD symptoms are present. One strategy shown to increase relationship satisfaction in general is spending time together and engaging in pleasurable activities. However, PTSD may be related to decreased engagement in shared leisure activities due to factors such as avoidance. Thus, fewer shared pleasurable activities with the partner may be associated with both PTSD and relationship distress, and may be a target for intervention. The objective of this study is to present associations regarding the frequency and emotional experiences of shared leisure activities, with PTSD and relationship satisfaction in a sample of OEF/OIF Veterans. Findings from this study provide unique information regarding the associations of PTSD symptoms with OEF/OIF Veterans' frequency of and emotions regarding shared leisure activities in a novel valid measure of PLAY. This study may help to inform clinical and empirical work with this population and post-deployment relationship issues and re-integration strategies.

THU 282

The Development and Contributions of the Specialized Crisis Counseling Services (SCCS) Following Hurricane Katrina (Abstract #759)

Poster #THU 282 (Clin Res, Commun, Nat/Dis, Pub Health, Res Meth, Lifespan) - Industrialized

Speier, Anthony

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

The Specialized Crisis Counseling Services (SCCS) model was developed in Louisiana post hurricane Katrina and represents an innovative program of trauma-informed interventions which have continued to influence crisis counseling disaster programs throughout the decade. The SCCS model draws on the experiences of earlier programs and further developed the model into a culturally respectful application of CBT interventions. Unique aspects of SCCS include emphasis on cultural and environmental aspects of care, the important role for disaster survivors as owners of their recovery, and the role of treatment providers as partners in the recovery process. The model included piloting the draft version of the Skills for Psychological Recovery and systematic guidance from the Louisiana Spirit SCCS Practice Directorate comprised of academic and public sector trauma experts. The SCCS process uses an assessment and referral tool to enhance the ability of the counselor and recipient to identify more intensive and persistent difficulties. SCCS interventions are brief and specifically tailored to either adults, or children, and employ evidence-based techniques designed to help survivors develop realistic and adaptive recovery strategies. The major contributions of the SCCS development experience will be addressed and discussed as to the implications for both survivors and treatment providers.

THU 283

Examination into the Moderating Effects of Impulsivity and Risk Taking Propensity on the Relationship between PTSD Symptom Severity and Alcohol in OEF/OIF/OND Veterans

(Abstract #1783)

Poster #THU 283 (Clin Res, Mil/Vets, Adult) I - Industrialized

Hawn, Sage¹, Chowdhury, Nadia², Kevorkian, Salpi²,
 Sheth, Diti¹, Brown, Ruth², Amstadter, Ananda²
¹Virginia Institute for Psychiatric and Behavioral
 Genetics, Richmond, Virginia, USA

²*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA*

The present study aimed to examine risk-taking propensity (RTP) and the sensation-seeking (SS) facet of impulsivity as potential moderators of the relationship between PTSD and alcohol consumption in a sample of combat-exposed OIF/OEF/OND Veterans (N=106, Mage=29, SD=4.20). Assessments included Clinician Administered PTSD Scale (CAPS), Balloon Analogue Risk Task (BART), UPPS Impulsive Behavior Scale (UPPS-P), Timeline Followback Questionnaire (TLFB), and a demographic questionnaire. Separate hierarchical linear regression models were conducted for RTP and SS, controlling for age and marital status in level one, CAPS severity score in level two, the main effect in level three, and the interaction term in level four. Notably, RTP and SS were not significantly correlated, $r=.03$, $p=.68$. RTP and SS significantly predicted alcohol consumption ($b=.327$, $t=3.73$, $p<.001$; $b=.228$, $t=2.41$, $p=.02$, respectively), but results indicated that only SS significantly moderated the relationship between PTSD and alcohol use, $F(5,102)=4.23$, $p=.002$, accounting for a significant increase in alcohol variance, $\Delta R^2=.03$, $F(1,102)=4.20$, $p=.04$. Intervention strategies targeting RTP and sensation-seeking may have clinical implications for treatment of alcohol outcomes, and future research exploring their role in the onset and maintenance of problem drinking among trauma-exposed Veterans is warranted.

THU 284

Treatment Engagement in Trauma-Focused and Non-Trauma Focused Group Treatments (Abstract #226)

Poster #THU 284 (Clin Res, Clin Res, Mil/Vets, Adult) M - N/A

Sawyer, Alice¹, Sloan, Denise², Spofford, Christopher³, Unger, William³, Beck, J Gayle⁴

¹*VA Boston Healthcare System, Boston, Massachusetts, USA*

²*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*

³*Providence VA Medical Center, Providence, Rhode Island, USA*

⁴*University of Memphis, Memphis, Tennessee, USA*

There is emerging evidence that trauma-focused treatments have higher treatment dropout rates relative to non-trauma focused group treatment (Imel et al., 2013). However, this research is primarily based on individual treatment approaches. The current study examines treatment dropout and engagement in trauma- and non-trauma focused group treatment for PTSD. Data collection is ongoing;

to date, 97 male veterans have been randomized into either a cognitive behavioral group treatment ($n=50$) or present center group treatment (non-trauma focused, $n=47$). Both treatments involve 14, 2 hour weekly treatment sessions. In contrast to finding for individual PTSD treatment, findings collected to date indicate no significant differences in treatment dropout rates between the trauma-focused group ($n=17$, 34%) relative to the non-trauma focused group ($n=7$, 15%) although the difference is a trend finding. Notably, findings for treatment engagement indicate no between condition differences for number of sessions attended between the trauma-focused group treatment ($M=9.2$, $SD=4.64$) and the non-trauma focused group treatment ($M=10.45$, $SD=3.74$; $t(95)=1.45$, $p=.15$). Results will be discussed in light of treatment-related processes that differ between individual and group treatment for PTSD.

THU 285

Hypervigilance in OEF/OIF Servicewomen: Use Of Guns/Weapons for Personal Safety Post-Deployment to Combat Regions (Abstract #1983)

Poster #THU 285 (Clin Res, Clin Res, Rape, Mil/Vets, Adult) I - N/A

Sadler, Anne¹, Mengeling, Michelle², Torner, James³, Booth, Brenda⁴

¹*Iowa City VAMC--CADRE, Iowa City, Iowa, USA*

²*CADRE, Iowa City VA Health Care System, Iowa City, Iowa, USA*

³*University of Iowa, Iowa City, Iowa, USA*

⁴*University of Arkansas, Little Rock, Arkansas, USA*

We sought to determine if OEF/OIF servicewomen have guns/weapons nearby for use in personal safety post-deployment and if PTSD is associated with this hypervigilant action. A community sample of 862 OEF/OIF servicewomen deployed to Iraq/Afghanistan or other combat regions completed a telephone interview assessing deployment, demographic and trauma characteristics, PTSD, and readjustment. One-fifth (21%) acknowledged keeping guns/weapons nearby for safety and 36% patrolling their house, checking doors and windows for security. Those who patrol home were more likely to keep guns/weapons nearby (41% vs. 14%, $p<.0001$). Current PTSD was associated with weapons nearby: PTSD (33% vs. 11%, $p<.0001$). Women sexually assaulted in military were more likely to have guns/weapons nearby (28% vs 17%, $p=0.00029$). Those with children (55%) were less likely to report guns/weapons nearby (45% vs. 57%; $p=0.005$). Assessment of women's post-deployment fears and safety-related activities is essential in assessment and treatment of readjustment and PTSD. Recognition of the potential risks that guns/weapons in the homes may pose for

military women and their families is a vital health concern.

THU 286

Symptom Severity Differences in Military Sexual- and Combat-related Traumas: Role of Trauma Type in PTSD

(Abstract #123)

Poster #THU 286 (Clin Res, Clin Res, Depr, Rape, Mil/Vets, Adult) M - N/A

Holliday, Ryan¹, Holder, Nicholas¹, Williams, Rush², Suris, Alina¹

¹Veterans Affairs North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas, USA

²Veterans Affairs Capitol Health Care Network, Washington, District of Columbia, USA

A growing number of veterans present each year with military-related posttraumatic stress disorder (PTSD). Within this population, the most prevalent military-related traumas are combat- and sexually-related. However, research is limited regarding differences in psychiatric symptom severity among individuals in these two distinct trauma groups. To examine this further, data was examined from two previously conducted randomized clinical trials. Two-hundred and nineteen veterans who experienced either a combat ($n = 91$) or military sexual trauma (MST; $n = 128$) were entered into analyses. Each veteran was administered measures of depression and PTSD symptom severity as well as a questionnaire to gather sociodemographic information. Results were indicative that survivors of both trauma types reported high depressive and PTSD symptom severity. After controlling for gender, age, and time since trauma, analysis of covariance (ANCOVA) results indicated that veterans who experienced MST reported significantly greater depressive and PTSD symptom severity than veterans who experienced combat-trauma. Moreover, time since trauma was a significant covariate in ANCOVA results for PTSD symptomatology. Our findings suggest that despite the severe consequences of both trauma types, MST and longer time elapsed since trauma may result in more severe psychiatric symptom severity.

THU 287

Health-Related Behaviors in Veterans with PTSD: The Role of Adaptive and Maladaptive Coping Strategies

(Abstract #1962)

Poster #THU 287 (Clin Res, Depr, Mil/Vets, Adult) M - Industrialized

Jackson, Selena, D'Amato, Darcey, Currier, Joseph, Wood, Alyssa
University of South Alabama, Mobile, Alabama, USA

High-risk behaviors in veterans after deployment may be maladaptive attempts to cope with stress related to war-zone experiences (Grosso et al., 2014); however, no known studies have explored specific relationships between coping styles and high-risk behaviors. As such, this study examined these associations in 991 veterans presenting for a VHA residential PTSD treatment program with and without depressive symptoms. This study explored the relationship between coping styles (i.e., humor, denial) and health related high-risk behaviors (i.e., nutrition). Participants completed the Brief COPE (Carver, 1997), Beck Depression Inventory (Beck, 1988), and the High-Risk Behavior Checklist (Ruzek et al., 2000). Regression analyses indicated that acceptance ($B = .153$, $p = .016$) and emotional support ($B = -.130$, $p = .035$) were linked with greater and lower medical compliance in depressed individuals, respectively. For non-depressed participants, results indicated that humor ($B = -.656$, $p = .039$) was associated with lower nutrition; active coping ($B = -4.384$, $p = .044$) and self-distraction ($B = 1.599$, $p = .042$) were linked with greater alcohol use; and planning ($B = .711$, $p = .027$) and denial ($B = -1.028$, $p = .036$) were linked with greater and lower medical compliance, respectively. By addressing coping styles, clinicians may be able to facilitate improved health outcomes in veterans through integrated care.

THU 288

Home Based Treatment for PTSD with Veterans: Processes and Treatment Outcomes

(Abstract #324)

Poster #THU 288 (Clin Res, Clinical Practice, Commun, Depr, Mil/Vets, Adult) M - Industrialized

Yoder, Matthew¹, Birks, Anna², Tuerk, Peter²

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

²Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

The number of veterans diagnosed with posttraumatic stress disorder (PTSD) in the Veterans Administration (VA) Healthcare System has risen over the past 10 years (Hoff, NEPEC, 2013). Concurrently, between 2003 and 2011, telemental health (TMH) services in VA increased 10 fold (Godleski, Darkins, & Peters, 2012), including home-based TMH (HBTMH; NEPEC, 2015). Despite the increased use of HBTMH in VA, questions remain regarding the most appropriate

procedures to conduct the treatment. Additionally, little is known regarding the feasibility and effectiveness of HBTMH for PTSD. This presentation's objective is to outline a standardized process for conducting evidence-based psychotherapy (EBP) for PTSD via HBTMH, and to assess the effectiveness of HBTMH on symptoms of PTSD and depression. Data were collected on 73 veterans receiving EBPs for PTSD via HBTMH in a VA PTSD outpatient clinic. Results: Mean PCL-5 and BDI-II scores improved over the course of the study. The majority of veterans who initiated PE or CPT via HBTMH completed treatment and zero adverse events were reported. These results suggest a standardized procedure for conducting HBTMH treatment for PTSD is feasible within VA, with possible generalizations to non-VA populations. Additionally, results suggest EBPs provided via HBTMH are effective in reducing symptoms of PTSD and depression.

THU 289
Mental Health and Functional Impairment Outcomes following a Six Week Intensive Treatment Programme for UK Military Veterans with Post-Traumatic Stress Disorder (PTSD): A Naturalistic Study
 (Abstract #94)

Poster #THU 289 (Clin Res, Clin Res, Clinical Practice, Grief, Mil/Vets, Adult) I - Industrialized

Murphy, Dominic ¹, **Busuttill, Walter** ²

¹Combat Stress & King's College London, Leatherhead, Surrey, United Kingdom

²Combat Stress, Leatherhead, Surrey, United Kingdom

Objective: Combat Stress is a UK national charity for veterans with mental health problems. This paper reports the efficacy of a PTSD treatment programme for United Kingdom veterans at six month follow up. Intervention: A six week residential treatment programme, consisting of a mixture of individual and group sessions. 246 Participants were offered a minimum of 15 individual TF-CBT sessions. In addition, participants were offered 55 group sessions focusing on psycho-educational material and emotional regulation. Results: We observed significant reductions in PTSD scores following treatment on both clinician completed measures and self-reported measures of PTSD. Significant improvements in functional impairment and co-morbid mental health difficulties were also observed. There were no differences in baseline outcomes between those who completed and those who did not complete the programme, or post-treatment outcomes between those we were able to follow up at six months and those lost to follow up. Conclusions: We reported a

significant reduction in PTSD scores and functional impairment following treatments which were maintained at follow up. Our findings suggest it may be helpful to take a closer look at combining individual TF-CBT and group sessions when treating veterans with PTSD. This is the first UK study of its kind, but requires further evaluation.

THU 290
Preliminary Findings from a Study of Home-Based Psychotherapy for Posttraumatic Stress Disorder
 (Abstract #1840)

Poster #THU 290 (Clin Res, Clinical Practice, Res Meth, Tech, Mil/Vets, Adult) I - Industrialized

Morland, Leslie ¹, **Wells, Stephanie** ², **Howard, Ian** ³, **Mikhael, Tanya** ⁴, **Thorp, Steven** ⁵

¹National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii, USA

²UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California, USA

³Veterans Medical Research Foundation, San Diego, California, USA

⁴VA Health Care System, La Jolla, California, USA

⁵VA San Diego Healthcare System / UCSD, San Diego, California, USA

The prevalence estimate of lifetime posttraumatic stress disorder (PTSD) among Veterans is higher than the general population, with estimates ranging between 10-30%. Prolonged Exposure therapy (PE) has been identified as one of the most efficacious treatments for PTSD. Despite existing evidence supporting the efficacy of PE, many Veterans do not seek or have access to this treatment. Researchers have proposed the use of novel treatment delivery methods, such as videoconferencing and home-based psychotherapy, to deliver evidence-based PTSD treatments and increase access to care. However, most providers are not familiar with delivering psychotherapy in the home. The current study presents baseline data from 50 Veterans from a larger randomized controlled trial comparing three delivery modalities of PE for PTSD: home-based videoconferencing (HBV), office-based videoconferencing (OBV), and in-home, in-person therapy (IHIP). Treatment outcome data will be presented for five pilot cases who received PTSD psychotherapy in their home. Lessons learned, including the impact of socioeconomic status, safety and practical concerns (e.g., technological difficulties), creating a home environment conducive to psychotherapy (e.g., limiting distractions) and cost sustainability will be presented. The clinical implications of providing psychotherapy in the home will be discussed.

THU 291**Usual Care for Rural Veterans with Posttraumatic Stress Disorder**

(Abstract #2043)

Poster #THU 291 (Clin Res, Commun, Mil/Vets, Care, Adult) I - N/A**Grubbs, Kathleen**¹, Fortney, John², Kimbrell, Timothy², Pyne, Jeffrey², Hudson, Teresa², Schnurr, Paula³¹*Mental Illness Research, Education and Clinical Center, Little Rock, Arkansas, USA*²*Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, USA*³*National Center for PTSD/White River Junction VA, White River Junction, Vermont, USA*

Community Based Outpatient Clinics (CBOCs) provide primary care services to more than half of veterans enrolled in VA including mental health services in person and/or via interactive video. Little is known about the kinds of services delivered in CBOCs so this study describes routine care for PTSD in 11 CBOCs. Veterans (N = 132) with PTSD were enrolled in the usual care arm of a RCT of collaborative care for PTSD. Chart review procedures classified all mental health encounters into 10 distinct categories for a one-year period. Seventy-two percent of participants received at least one medication management encounter M = 3.68 (SD = 2.03) with 30% being delivered via interactive video. Fifty-eight percent of Veterans received at least one psychotherapy encounter M = 8.09 (SD = 13.62) with 64% being delivered in a group and 1% being delivered via interactive video. Only 12.1% of Veterans received any psychotherapy classified as a first line treatment for PTSD. Findings suggest that Veterans diagnosed with PTSD who receive their mental health treatment in CBOCs are able to access PTSD care but improvements could be made in the delivery of first line psychotherapy by expanding the use of interactive video and offering more groups.

THU 292**Relaxation Training Assisted by Heart Rate Variability Biofeedback: Implication for a Military Predeployment Stress Inoculation Protocol**

(Abstract #51)

Poster #THU 292 (Clin Res, Assess Dx, Comm/Int, Prevent, Mil/Vets, Adult) A - Industrialized**Hourani, Laurel***RTI International, Research Triangle Park, North Carolina, USA*

Decreased heart rate variability (HRV) is associated with posttraumatic stress disorder (PTSD) and depression symptoms, but PTSD's effects on the autonomic stress response and the potential influence of HRV biofeedback in stress relaxation training on improving PTSD symptoms are not well understood. The objective of this study was to examine the impact of a predeployment stress inoculation training (PRESTINT) protocol on physiologic measures of HRV in a large sample of the military population randomly assigned to experimental HRV biofeedback-assisted relaxation training versus a control condition. PRESTINT altered the parasympathetic regulation of cardiac activity, with experimental subjects exhibiting greater HRV, that is, less arousal, during a posttraining combat simulation designed to heighten arousal. Autonomic reactivity was also found to be related to PTSD and self-reported use of mental health services. Future PRESTINT training could be appropriate for efficiently teaching self-help skills to reduce the psychological harm following trauma exposure by increasing the capacity for parasympathetically modulated reactions to stress and providing a coping tool (i.e., relaxation method) for use following a stressful situation.

THU 293**Posttraumatic Stress and Physical Health Symptoms: Moderating Effects of Deployment and Postdeployment Social Support in OEF/OIF Veterans**

(Abstract #302)

Poster #THU 293 (Clin Res, Comm/Int, Health, Mil/Vets, Adult) I - Industrialized**Luciano, Matthew**, Tripp, Jessica, Henschel, Aisling, Bottomley, Jamison, McDevitt-Murphy, Meghan
The University of Memphis, Memphis, Tennessee, USA

Prior research has shown symptoms of posttraumatic stress disorder (PTSD) to be associated with numerous, negative health symptoms. Though these associations have been well established in Veteran populations, there is still a need for research to better understand potential mechanisms linking PTSD to health. The present analysis explored how unique social support systems (unit support during deployment and social support postdeployment) differentially moderate the relationship between PTSD and physical health. Data were analyzed from 62 Veterans (17.7% female; 41.9% White) deployed in support of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) and recruited from the Memphis VA Medical Center. Results suggest that DSM-5 criteria for PTSD significantly relates to self-reported physical health. Furthermore,

deployment social support moderated the relationship between PTSD and pain, but not general health or fatigue. Postdeployment social support significantly moderated the relationship between PTSD and general health, but not pain or fatigue. Our analyses help to better understand PTSD-health relationships in light of the new DSM-5 criteria and demonstrate the systems through which social support may benefit certain types of Veteran health symptoms. Clinical implications for these findings will be discussed.

THU 294

Factors Influencing the Association Between Combat-related PTSD and Partner Burden

(Abstract #218)

Poster #THU 294 (Clin Res, Fam/Int, Mil/Vets, Adult) I - N/A

Ertl, Michelle¹, Davis, Louanne², Sprock, June¹

¹Indiana State University, Terre Haute, Indiana, USA

²Roudebush VA Medical Center, Indianapolis, Indiana, USA

As a growing number of veterans from the conflicts in Iraq and Afghanistan are seeking treatment for PTSD, there is a need to consider additional treatment approaches that may be effective. Increasingly, research documents that veterans want family members to be included in the treatment process. Promising findings regarding the benefits of couples-based treatment for PTSD has led to increased inclusion of partners in therapy. However, if partners of veterans are to be included in the treatment process, it is important to consider difficulties that the partner may be personally experiencing. Specifically, the experience of caregiver burden (i.e., stress) can impact a partner's ability to provide support to the veteran throughout the treatment process. This study examines the influence of veteran PTSD, partner relationship satisfaction, and partner psychological functioning on feelings of caregiver burden within veteran's partners. This research utilized archival data from a study of a mindfulness-based adaptation of Cognitive Behavioral Conjoint Therapy (MB-CBCT for PTSD) and additional data collected from treatment-seeking veterans and their partners. The results have implications for the inclusion of partners in integrated treatment of PTSD in veterans.

THU 295

Riluzole for PTSD: Efficacy of a Glutamatergic Modulator as Augmentation Treatment for Posttraumatic Stress Disorder (Abstract #327)

Poster #THU 295 (Clin Res, Clin Res, Bio/Int, Mil/Vets, Neuro, Adult) M - N/A

Benedek, David¹, Andrews-Shigaki, Brian², Spangler, Patricia², Possemato, Kyle³, West, James², McKenzie, Shannon⁴

¹Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

²Uniformed Services, University of the Health Sciences, Bethesda, Maryland, USA

³Syracuse Veterans Affairs Medical Center, Syracuse, New York, USA

⁴Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, New York, USA

Because current treatments for PTSD are suboptimal, there is an urgent need to develop novel treatments that rapidly and robustly improve symptoms. Drugs that reduce glutamate activity may help reverse loss of neuronal integrity and focal atrophy in brain regions implicated in PTSD pathophysiology (e.g., the hippocampus). Riluzole is a glutamate modulator with antidepressant and anxiolytic properties. Proton magnetic resonance spectroscopy (1H MRS) studies using N-acetyl aspartate to creatine (NAA/Cr) ratios as a surrogate marker for neuronal integrity have found reduced NAA/Cr ratios in the hippocampus and anterior cingulate of PTSD patients. For the current RCT, we are evaluating the efficacy of 8-week riluzole augmentation therapy in 100 OIF/OEF/OND veterans with combat-related PTSD who are suboptimally responsive to current SSRI or SNRI treatment. In addition, we are assessing pre-to-post-treatment NAA/Cr ratios. It is hypothesized that (1) PTSD patients randomized to riluzole will have superior improvement in symptoms compared to subjects given placebo; (2) subjects randomized to riluzole will have significant improvement in depression, anxiety, and global functioning compared to those given placebo; and (3) the NAA/Cr ratios in the hippocampus, amygdala, and anterior cingulate, measured using 1H MRS, will increase after 8-week treatment with riluzole.

THU 296**Treatment Implications for Relationship Satisfaction as a Mediator of the Association between Trauma Cognitions and Post Traumatic Stress Disorder**

(Abstract #365)

Poster #THU 296 (Clin Res, Cog/Int, Fam/Int, Mil/Vets, Adult) M - N/A**Siegel, Alysia¹, Davis, Louanne², Bell, Tyrone¹**¹University of Indianapolis, Indianapolis, Indiana, USA²Roudebush VA Medical Center, Indianapolis, Indiana, USA

Given the number of veterans returning from combat with Post Traumatic Stress Disorder (PTSD) and the interpersonal effects of PTSD, there is a need for research and interventions that incorporate the relational context into empirically supported PTSD treatments. However, the cognitive and interpersonal components of trauma have largely been addressed separately in current research and treatments for combat trauma. Research has established a relationship between trauma cognitions and PTSD (Foa, Ehlers, Clark, Tolin, & Orsillo, 1999) and between PTSD and relationship satisfaction (Goff, Crow, Reisbig, & Hamilton, 2007). This study seeks to explore the relationship between trauma cognitions (i.e., negative beliefs about the world, the self, and self-blame) and relationship satisfaction in a sample of 54 veterans at a Midwestern VA Medical Center. A mediation model will be used to analyze baseline data from the Clinician Administered PTSD Scale, Post Traumatic Cognitions Inventory and the Dyadic Adjustment Scale collected during a randomized controlled trial of a Mindfulness Based adaptation of Cognitive Behavioral Conjoint Therapy. Relationship satisfaction will be evaluated as a mediator of the relationship between trauma cognitions and PTSD symptom severity. The implications of these findings for individual and couple treatment approaches to PTSD will be outlined.

THU 297**The Moderating Effect of Sleep Quality between Combat Exposure and PTSD**

(Abstract #367)

Poster #THU 297 (Clin Res, Health, Sleep, Mil/Vets, Adult) I - N/A**Youngren, Westley¹, Stillman, Ashley², Aupperle, Robin²**¹University of Tulsa, Tulsa, Oklahoma, USA²Laureate Institute for Brain Research, Tulsa, Oklahoma, USA

Background: Approximately 20% of combat veterans will be diagnosed with posttraumatic stress disorder (PTSD), and 30% will report poor sleep quality. Furthermore, PTSD negatively relates to sleep quality. The current study examined the relationships between combat exposure, sleep quality and PTSD. Method: Forty-one male combat veterans (mean age=31.54 SD=6.97) completed the Pittsburgh Sleep Quality Index, Combat Exposure Scale and the PTSD Checklist (without sleep-related items). A hierarchical multiple regression analysis (using SPSS Process macro) was conducted to examine potential moderating effects of sleep on the relationship between combat exposure and PTSD. Results: In the first step, both sleep and combat exposure accounted for significant variance in PTSD symptoms. The next step added the interaction term (sleep*combat exposure), which was found to predict a significant amount of variance in PTSD symptoms. This effect seemed to be driven by poor sleep quality increasing the strength of the relationship between high combat exposure and PTSD symptoms. Conclusion: While it is difficult to detect temporal relationships between combat and sleep, results suggest that poor sleep quality may increase the likelihood of developing PTSD subsequent to combat exposure. Treatment and prevention efforts targeting sleep quality may have beneficial effects for combat-related PTSD.

THU 298**Designing Comparative Effectiveness Research: VA Cooperative Study #591 as an Example**

(Abstract #403)

Poster #THU 298 (Clin Res, Clin Res, Res Meth, Mil/Vets, Adult) M - Industrialized**Schnurr, Paula¹, Chard, Kathleen², Ruzek, Josef³, Resick, Patricia⁴, Foa, Edna⁵, Marx, Brian⁶**¹National Center for PTSD, Department of Veterans Affairs, White River Junction, Vermont, USA²Cincinnati VA Medical Center, Cincinnati, Ohio, USA³VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA⁴Duke University Medical Center, Durham, North Carolina, USA⁵University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA⁶National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

CERV-PTSD is a randomized controlled trial of two of the most effective treatments for PTSD, Prolonged Exposure and Cognitive Processing Therapy. The primary objective is to compare the effectiveness of PE and CPT for reducing PTSD symptom severity in

a sample of 900 male and female veterans who are receiving treatment from the US Department of Veterans Affairs. Despite solid evidence that both treatments are effective, there is limited evidence about their effectiveness relative to one another. As a large multi-site trial with men and women, CERV-PTSD is designed to advance the delivery of care for PTSD by providing conclusive information about whether one treatment is better than the other, overall, and for different types of patients, in order to provide information for patients, clinicians, administrators, and policymakers about the comparative effectiveness of treatments for PTSD. The poster will focus on how the study team addressed key methodological issues, including the use of superiority vs. equivalence designs, flexible dosing (allowing participants to terminate early or have extra sessions), managing differences in treatment and session length, receipt of additional treatment, reducing dropout, and including biological measures in a psychotherapy study.

THU 299

The Relationship between Trust, Effort and Malingering on Group CPT Outcomes in Veterans with PTSD

(Abstract #766)

Poster #THU 299 (Clin Res, Clin Res, Clinical Practice, Mil/Vets, Adult) M - Industrialized

Williams, Wright¹, McCurry, Katherine², Graham, David¹, Estey, Matthey³, Pearl, Chiur⁴, King-Casas, Brooks⁴

¹Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA

²Virginia Tech Carilion Research Institute, Roanoke, Virginia, USA

³Baylor College of Medicine, Houston, Texas, USA

⁴Salem VA Medical Center, University of Virginia School of Medicine, Virginia Tech Carilion School of Medicine, Roanoke, Virginia, USA

Research (e. g. Freuh, 2008) and clinical folklore in the VA suggests that many Veterans with PTSD exaggerate their PTSD symptoms to obtain disability benefits. However, it is unclear how this supposed exaggeration of PTSD symptoms impacts treatment. We assessed the relationship between trust, effort testing, malingering and treatment outcomes in 60 Veterans with PTSD treated in group CPT. Eighteen veterans completed treatment, 20 were assigned to a treatment as usual group, and 22 dropped-out. The pre-treatment Interpersonal Trust Scale (IT) was significantly associated with post-treatment CAPS scores. Using the Miller Forensic Assessment Test (MFAST) scores to assess malingering we found that pre-treatment MFAST scores were associated with measures of trust and

depression while post-treatment MFAST scores were associated with trust and PTSD symptom outcomes. Pre-treatment effort test failure (using the Word Memory Test) was associated with pre-treatment CAPS and BDI2, ANOVA differences, but not with post-treatment scores. Just as many veterans who failed effort testing achieved a clinically significant CAPS or PCL change or dropped out of treatment as those who did not. We found that effort test failure did not predict successful PTSD treatment and that malingering may be associated with poor interpersonal trust in Veterans with PTSD.

THU 300

Daily Coping and Emotion Regulation in the Context of Trauma: A Longitudinal Study of Trauma-Exposed Clients

(Abstract #918)

Poster #THU 300 (Clin Res, Affect/Int, Adult) M - Industrialized

Capous, Diana, Kia-Keating, Maryam
University of California, Santa Barbara, Santa Barbara, California, USA

This longitudinal pilot study examines the interconnections between daily coping, daily negative mood regulation and long-term difficulties with emotion regulation among trauma-exposed clients entering psychotherapy. Researchers and practitioners emphasize the importance of coping and emotion regulation strategies in the daily lives of therapy clients for symptom improvement, yet very few studies measure this at a daily level. Repeated measures end of day daily diaries were gathered capturing real-time experiences of coping and mood regulation, across a 14-day time period during the first two weeks of individual therapy. In this ongoing study, 17 ethnically diverse participants completed the 14-day daily diary at the outset of therapy, as well as a 1-month follow-up examining emotion regulation and client symptoms. Findings suggest that daily coping and negative mood regulation was predictive of long-term emotion regulation difficulties. Semi-structured interviews and open-ended responses revealed themes of changes in coping with stress, emotion regulation strategies and experiences in therapy after participating in the daily diary. Discussion about the bridge between science and practice will explore implications for involving clients in the act of collecting their own data to inform their own treatment, and how this may have particular utility for trauma-exposed populations.

THU 301**Occupational Stress as a Predictor of PTSD and Depression in Fire Fighters**

(Abstract #1784)

Poster #THU 301 (Clin Res, Affect/Int, Assess Dx, Depr, Nat/Dis, Adult) M - Industrialized**Kimbrel, Nathan**¹, Cammarata, Claire², Leto, Frank², Ostiguy, William³, Gulliver, Suzy⁴¹Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA²New York City Fire Department Counseling Services Unit, New York, New York, USA³Boston Fire Department, Boston, Massachusetts, USA⁴Texas A&M Health Science Center, Waco, Texas, USA

Objective: The objective of this study was to examine if occupational stress would prospectively predict posttraumatic stress disorder (PTSD) and depression among a sample of professional fire fighters. **Method:** Participants consisted of 172 professional fire fighters from two large U.S. Fire Departments. Participants completed the Likert-based version of the Sources of Occupational Stress Scale-14 (SOOS-14) during a baseline assessment. They then completed a follow-up phone interview three months later where they completed the SOOS-14 again along with measures of PTSD and depression symptoms. **Results:** Of the 172 participants that completed the baseline assessment, 153 (89%) completed the 3-month follow-up. Internal consistency for the SOOS-14 was adequate at baseline, $\alpha = 0.78$, and three-month follow-up, $\alpha = 0.83$. Test-retest reliability over the three-month period indicated that the SOOS-14 was moderately stable, $r = 0.51$, $p < 0.001$, as would be expected for a measure of occupational stress. In addition, as expected, baseline occupational stress scores were prospectively associated both PTSD, $r = 0.44$, $p < 0.001$, and depression symptoms, $r = 0.33$, $p < 0.001$, at the three-month follow-up. **Conclusions:** Our findings suggest that occupational stress is prospectively associated with both PTSD and depression among professional fire fighters.

THU 302**Cognitive and Emotional Reactions to Trauma**

(Abstract #418)

Poster #THU 302 (Clin Res, Affect/Int, Cog/Int, Adult) I - Industrialized**Thomas, Elizabeth**, Owens, Gina, Tekie, Yacob
University of Tennessee - Knoxville, Knoxville, Tennessee, USA

Previous research has shown that some individuals report positive personal changes related to highly negative events, which is often referred to as Posttraumatic Growth (PTG). Cognitive-emotion regulation (CER) is the ability to use cognitions to manage emotions and is one factor that may impact PTG. To date, limited research has explored relationships between emotional intelligence (EI), the ability to perceive, integrate, understand and manage emotions, and PTG. The purpose of this study was to explore EI as a mediator of the relationship between adaptive CER and PTG. Participants ($N=230$) completed a series of self-report measures, including measures of trauma history, CER, EI, and PTG. Both CER and EI positively correlated with PTG. Using multiple regression analysis, adaptive CER and EI together accounted for 29% of the variance in PTG ($p = .000$). Additionally, a Sobel test of mediation showed that EI was a significant partial mediator of adaptive CER and PTG ($p = .000$). These results suggest EI is a mechanism through which adaptive CER is able to facilitate adaptive functioning in the aftermath of traumatic life events.

THU 303**Difficulties in Emotion Regulation and PTSD Symptoms Predict Anger Expression in Active Duty Service Members**

(Abstract #467)

Poster #THU 303 (Clin Res, Affect/Int, Aggress, Cog/Int, Adult) M - Industrialized**Aikins, Deane**¹, **Bruss, Amanda**², Siefert, Caleb²¹Wayne State University, Department of Psychiatry and Behavioral Neurosciences, Detroit, Michigan, USA²University of Michigan - Dearborn, Dearborn, Michigan, USA

This study examines how Post-Traumatic Stress Disorder (PTSD) symptoms and emotion regulation relate to anger in an active duty military sample of 44 infantrymen. Participants completed the State-Trait Anger Expression Inventory (STAXI2) and the Difficulties in Emotion Regulation Scale (DERS), as well as the Clinician-Administered PTSD scale for DSM-IV (CAPS). PTSD symptoms were predictive of inward and outward anger expression, though these relationships were partially explained by DERS scales. Total CAPS, non-acceptance of emotions, and impulse control problems predicted 63% of the variance in external anger expression ($R = .79$, $R^2 = .63$, $F(1, 43) = 22.23$, $p < .01$). Total CAPS and reporting limited strategies for regulating emotions

predicted 44% of the variance in anger expressed inwardly ($R = .66$, $R^2 = .44$, $F(1, 43) = 16.01$, $p < .01$). Service Members with PTSD who have a combination of difficulties accepting upsetting emotions and acting impulsively appear most at risk for explosive anger outbursts. Service Members with PTSD may also have diminished emotion regulation strategies when distressed, which appears to increase self-directed anger. Implications for unit leadership and warfighter performance are discussed, as are implications for clinical work with Service Members with PTSD. Limitations and future directions are noted.

THU 304

Recall of Intimate Partner Psychological Abuse Memories Associated with Increased Shame among College-Aged Women that Ended a Relationship in the Past Year

(Abstract #103)

Poster #THU 304 (Clin Res, Affect/Int, Chronic, Cog/Int, DV, Adult) I - Industrialized

Fleming, Kimberly¹, Newton, Tamara¹, Yeater, Elizabeth²

¹University Of Louisville, Louisville, Kentucky, USA

²University of New Mexico, Albuquerque, New Mexico, USA

To help understand why psychological abuse has been linked to increased posttraumatic stress (PTS) symptoms previously, two experiments tested a model in which shame during recall was hypothesized to mediate associations between psychological abuse memory recall and PTS symptom severity using an experimental causal chain design. In Experiment 1, women ($N = 34$) recalled a psychological abuse memory and a non-abuse relationship memory. State shame was assessed immediately before and after recall. Consistent with the hypothesis, a repeated-measures ANOVA revealed that recalling a psychological abuse memory was related to increases in state shame ($p < .05$). In Experiment 2, women ($N = 34$) recalled either a shameful psychological abuse memory ($n = 17$) or an emotionally-neutral relationship memory ($n = 17$). Past-day PTS symptoms were assessed immediately before and 24 hours after recall. Contrary to the hypothesis, a mixed-design ANOVA revealed no increases in PTS symptoms after recalling a shameful psychological abuse memory. Together, results of both experiments provide partial support for the model. While shameful psychological abuse memory recall was not associated with increases in PTS symptoms, psychological abuse memory recall was a potent precipitator of shame, warranting further consideration of the role of shame in post-abuse mental health.

THU 305

The Impact of Neuropsychological Functioning and Depressive Symptoms on Cognitive Processing Therapy Outcomes in Civilians and Veterans with PTSD

(Abstract #1113)

Poster #THU 305 (Clin Res, Cog/Int, Adult) I - Industrialized

Willis, Emy, Mackintosh, Margaret-Anne, Morland, Leslie

National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii, USA

Understanding pretreatment characteristics that influence treatment outcomes in Cognitive Processing Therapy (CPT) for Posttraumatic Stress Disorder (PTSD) is vital for the implementation of effective personalized treatment. This study examines the influence of baseline PTSD symptoms, cognitive functioning variables and comorbid depressive symptoms on PTSD symptoms after CPT treatment. Participants were drawn from two large clinical trials investigating the effects of video teleconferencing on CPT outcomes. The ethnically diverse sample consisted of 103 male veterans and 126 female veterans and civilians. The Clinician Administered PTSD scale (CAPS) was used to assess PTSD at pre and post treatment, while depressive symptoms were measured using the Beck Depression Inventory (BDI). Cognitive measures assessed learning and memory, attention and concentration, and executive functioning using scales from the Wechsler Adult Intelligence Scale (WAIS), California Verbal learning test (CVLT) and Trail Making Test part A and B. Multiple regression analyses revealed greater CVLT learning scores ($b = -.42$, $p < .05$) and higher baseline CAPS scores ($b = .80$, $p < .001$) predicted significantly lower PTSD symptoms at post-treatment. These findings will be advantageous to clinicians to further modify therapy for the individual.

THU 306

Unique Relations between Counterfactual Thinking and DSM-5 PTSD Symptom Clusters

(Abstract #873)

Poster #THU 306 (Clin Res, Cog/Int, Adult) I - Industrialized

Mitchell, Melissa¹, Contractor, Ateka², Shea, M. Tracie¹, Dranger, Paula³

¹Alpert Medical School of Brown University, Providence, Rhode Island, USA

²University of Toledo, Toledo, Ohio, USA

³Valparaiso University, Valparaiso, Indiana, USA

Cognitive models of PTSD propose that rumination about a trauma may increase particular symptom clusters. One type of rumination, termed counterfactual thinking (CFT), refers to thinking of alternative outcomes for an event. CFT centered on a trauma is thought to increase intrusions, negative alterations in mood and cognitions (NAMC), and marked alterations in arousal and reactivity (AAR). The theorized relations between CFT and specific symptom clusters have not been thoroughly investigated. Also, past work has not evaluated whether the relation is confounded by depressive symptoms. The current study examined the unique associations between CFT and DSM-5 PTSD symptom clusters in 51 trauma-exposed treatment-seeking individuals. As predicted, CFT was uniquely associated with the intrusions and NAMC clusters. Similar results were obtained with the avoidance cluster. Inconsistent with prediction, CFT was not significantly associated with the AAR cluster after controlling for depression. Theoretical and clinical implications are discussed.

THU 307

Changes in Distress and Guilt Cognitions over the Course of Cognitive Processing Therapy as Predictors of Post-Treatment PTSD Symptom Clusters

(Abstract #724)

Poster #THU 307 (Clin Res, Clin Res, Cog/Int, Adult) I - Industrialized

Richter, Cameron, Held, Philip, Galovski, Tara
University of Missouri St. Louis, St. Louis, Missouri, USA

The present study investigated the effects of changes (Δ) in guilt distress (GD) and guilt cognitions (GC) on post-treatment PTSD symptoms. This study is one of the first to empirically test components of Kubany and Watson's (2003) multidimensional model of guilt. The study sample was drawn from a larger NIMH-funded clinical trial and consisted of 48 individuals who completed a course of Cognitive Processing Therapy (CPT). In order to test the effects of Δ GC and Δ GD on PTSD symptom clusters, stepwise regressions were performed. Results indicate that reductions in GD and GC over the course of treatment significantly predicted both lower total PTSD severity ($p < .001$, $p = .005$, respectively), as well as significantly lower PTSD symptom cluster scores. In the presence of Δ GD, Δ GC no longer significantly predicted total PTSD symptom scores ($p = .112$), suggesting that Δ GD fully mediates the relationship between Δ GC and PTSD symptoms. Together, Δ GC and Δ GD

explained 40% of variance in total post-treatment PTSD scores, 35% of re-experiencing symptoms, 39% of avoidance symptoms, and 21% of hyperarousal symptoms. The findings empirically support the multidimensional model of guilt and provide important implications for the treatment of trauma-related guilt in individuals with PTSD.

THU 308

The Impact of the Trauma Account Assignment in Cognitive Processing Therapy on Treatment Outcome

(Abstract #355)

Poster #THU 308 (Clin Res, Clinical Practice, Cog/Int, Complex, QoL, Adult) I - Industrialized

Menez, Ursula, Wong, Marissa, Mackintosh, Margaret-Anne, Willis, Emy, Morland, Leslie
National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii, USA

While the findings of Resick et al. (2008) showed no difference between Cognitive Processing Therapy with (CPT) and without the trauma account (CPT-C), the utility of this assignment in sessions 4 – 6 remains relatively unexplored. The current study investigated the influence of the trauma account (e.g., minutes spent on the account, self-reports of the account's helpfulness, changes in self-reported PTSD symptoms) on treatment outcomes in a sample of 98 female Veteran and civilian treatment completers. We hypothesized that increases in hyperarousal and reexperiencing symptoms and decreases in numbing symptoms during sessions 4 – 6, as compared to sessions 1 – 3, would predict better outcomes on the Clinician-Administered PTSD Scale (CAPS) and that higher perceptions of helpfulness and more time spent on the trauma account would predict better treatment outcomes. We found higher helpfulness ratings predicted better treatment response ($p < .001$) while larger increases in numbing predicted significantly worse CAPS change ($p = .04$) and poorer subjective quality of life as measured by the Quality of Life Inventory in the following items: Love ($p = .001$), Relatives ($p = .03$) and Self-Esteem ($p < .001$). These results suggest the clinical importance of client buy-in regarding the trauma account assignment and the detrimental impact of emotional numbing on PTSD and quality of life.

THU 309**A Pilot Study Incorporating Cognitive Processing Therapy into Standard Dialectical Behavior Therapy for Individuals with Borderline Personality Disorder and Posttraumatic Stress Disorder**

(Abstract #1470)

Poster #THU 309 (Clin Res, Clinical Practice, Cog/Int, Adult) M - Industrialized**Royal, Sarah**¹, Burckell, Lisa¹, Mithani, Karim²¹St. Joseph's Healthcare Hamilton, Hamilton, Ontario, Canada²McMaster University, Hamilton, Ontario, Canada

Posttraumatic Stress Disorder (PTSD) is highly comorbid in clients also diagnosed with Borderline Personality Disorder (BPD) and researchers are beginning to investigate treatment for these individuals. Cognitive Processing Therapy (CPT) may be beneficial following interruption of life-threatening and therapy-interfering behaviors through standard treatment for BPD. Compared to other empirically-supported interventions, CPT has advantages including that it can be provided in a group format and is particularly effective in decreasing shame and guilt, both common in BPD. The goal of the current study is to evaluate the impact of CPT on PTSD symptoms for participants who have achieved initial stabilization through Dialectical Behavior Therapy (DBT). Eligible participants ($n = 25$) will complete the PCL-5 weekly throughout CPT and changes in PTSD symptoms will be the primary outcome for this study. Secondary outcomes include changes in difficulties with emotion regulation, symptoms of depression, anxiety, and shame, and severity of BPD symptoms which will be measured pre-treatment and post-treatment. It is hypothesized that clients will show significant improvements in primary and secondary symptom outcomes following CPT. These findings would be promising with respect to the potential to develop a randomized controlled trial to further evaluate the combined DBT-CPT protocol.

THU 310**Experiential Avoidance Moderates the Effect of Positive Schema on Autobiographical Memory Specificity in Individuals with Interpersonal Traumas in Taiwan**

(Abstract #503)

Poster #THU 310 (Clin Res, Cog/Int, Theory, Adult) A - N/A**Kung, Yi-Wen**¹, Chen, Sue-Hue²¹Fo Guang University, Yilan County, Taiwan,

Republic of Taiwan

²National Taiwan University, Taipei, Taiwan, Republic of Taiwan

According to the shattered assumptions, positive schema (PS) may be shattered by traumatic events. PS of individuals with interpersonal traumas (IPT) may be weaker than PS of those with non-IPT. Furthermore, some studies of autobiographical memory specificity (AMS) found that reduced AMS in survivors. The self-memory system indicates that self (i.e. schema) may guide the retrieval of autobiographical memory by inhibiting the specific information that is self-incoherent or threatening. Besides, experiential avoidance (EA), defined as the being unwilling to contact with aversive private experiences, may reduce AMS according to the CaR-FA-X model. However, few studies have examined explored the relationship between PS and AMS in IPT survivors or have explored the moderator role of EA. Therefore, the aims of this study aimed to do so. were to examine the relationship between PS and AMS in IPT survivors, and to examine the moderator role of EA. Ninety-four IPT participants completed self-report questionnaires measures assessing PS, EA, and autobiographical memory test measuring AMS. Results showed that PS was negatively related to AMS with both positive cues and negative cues. Furthermore, EA moderated the relationship of PS and AMS with negative cues. In high EA condition, PS was negatively related to AM S with negative cues. Clinical implication is suggested.

THU 311**Impaired Allocentric Spatial Processing in Posttraumatic Stress Disorder**

(Abstract #608)

Poster #THU 311 (Clin Res, Bio Med, Clin Res, Cog/Int, Bio/Int, Adult) M - Industrialized**Smith, Kirsten**

Oxford University, Oxford, Oxfordshire, United Kingdom

A neurobiological dual representation model of PTSD proposes that reduced hippocampus-dependent contextual processing contributes to intrusive imagery due to a loss of control over hippocampus-independent sensory and affective representations. We investigated whether PTSD sufferers show impaired allocentric spatial processing indicative of reduced hippocampal functioning. Trauma-exposed individuals with ($N=29$) and without ($N=30$) a diagnosis of PTSD completed two tests of spatial processing: a topographical recognition task comprising perceptual and memory components, and a test of memory for objects' locations within a virtual environment in which the test is from either the same

viewpoint as presentation (solvable with egocentric memory) or a different viewpoint (requiring allocentric memory). Participants in the PTSD group performed significantly worse on allocentric spatial processing than trauma-exposed controls. Groups performed comparably on egocentric memory and non-spatial memory for lists of objects. Exposure to repeated incident trauma was also associated with significantly worse spatial processing in the PTSD group. Results show a selective impairment in allocentric spatial processing, implicating weak hippocampal functioning, as predicted by a neurobiological dual representation model of PTSD. These findings have important clinical implications for cognitive therapy.

THU 312

Self-Blame as a Mediator between Aggressive Parenting Style in Childhood and Intimate Partner Violence Victimization in Female College Students

(Abstract #1861)

Poster #THU 312 (Clin Res, CPA, Cog/Int, DV, Interger, Adult) I - Industrialized

Chowdhury, Shaoni, Petretic, Patricia, Calvert, Maegan, Berman, Ilana
University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA

Studies of intimate partner violence (IPV) victimization in adult females in dating relationships have often focused on the influence of childhood physical maltreatment (CPM) as a risk factor for subsequent victimization in later intimate relationships. However, given that abusive behavior is conceptualized as existing on a continuum, parenting styles (e.g., harsh or aggressive parenting) may also have a similar impact on the risk of later IPV victimization following childhood exposure. Further, due to outcome variability following CPM, several postabuse variables have been hypothesized to impact likelihood of later IPV victimization, including cognitive variables such as self-blame. The present study examined if 1) maternal and/or paternal aggressive parenting styles predicts IPV victimization and 2) self-blame mediates the relationship between the two. A sample of 218 college females completed a protocol that included measures of maternal and paternal parenting styles (DDI), cognitive distortions (CDS) and intimate partner violence (ABI) as part of a larger study of the impact of childhood adverse events. Regression identified self-blame as a partial mediator between maternal aggressive parenting style and IPV victimization. Data suggests self-blame is a unique predictor of IPV in the presence of childhood maternal but not paternal aggressive parenting style.

THU 313

Health Economic Outcomes One year after Internet-based Guided Self-help Targeting Posttraumatic Stress Symptoms in Parents of Children Recently Diagnosed with Cancer: A Randomized Controlled Trial

(Abstract #1967)

Poster #THU 313 (Clin Res, Anx, Cog/Int, Depr, Adult) M - Industrialized

Cernvall, Martin¹, Carlbring, Per², Ljungman, Lisa¹, Ljungman, Gustaf¹, von Essen, Louise¹

¹Uppsala University, Uppsala, Sweden

²Stockholm University, Stockholm, Sweden

In a randomized controlled trial we investigate the efficacy and cost-effectiveness of internet-based guided self-help for parents of children recently diagnosed with cancer. Significant effects with large effect sizes for posttraumatic stress symptoms and depression have been shown from pre- to post-assessment. The purpose of this abstract is to present results for health economic outcomes at the one-year follow-up. Fifty-eight parents of children recently diagnosed with cancer, fulfilling criteria corresponding to partial posttraumatic stress disorder (PTSD) on the PTSD-Checklist Civilian Version, were randomly allocated to the intervention (n=31), or to a wait-list control condition (n=27). The intervention group accessed a 10-week guided self-help program via the internet based on principles from cognitive behavior therapy. Health economic outcome data such as health-care consumption and productivity loss was assessed by self-report pre- and post-intervention, and at one-year follow-up. Eighteen participants completed the intervention and 37 participants completed the post-assessment. One-year follow-up data will be available in June 2015 and will be presented at the conference. Results presented at the conference will clarify if the intervention is associated with reductions in health economic costs at the one-year follow-up.

THU 314

The Effectiveness of Group Cognitive Processing Therapy (CPT) for Help-Seeking Members and Veterans of the Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP): A Pilot Study

(Abstract #734)

Poster #THU 314 (Clin Res, Acc/Inj, Anx, Clinical Practice, Cog/Int, Adult) M - Industrialized

Chaulk, Sarah, Podnar, David

University of Manitoba, Winnipeg, Manitoba, Canada

Cognitive Processing Therapy (Resick, Monson, & Chard, 2014) is a well-established individual treatment for PTSD. This investigation aims to add to the literature on group-based CPT by evaluating the effectiveness of group CPT at an operational stress injury clinic. The current study reflects a pilot project that is part of an ongoing research program examining the effectiveness of group-based CPT. Participants (n = 10) were members and veterans of the CAF and RCMP diagnosed with PTSD and were 80% male, 60% veteran, and 80% Caucasian with a mean age of 43 years. In a non-experimental repeated-measures design, data were collected at pre, mid, post-treatment, and 3-month follow-up. To measure symptomatology the Outcome Questionnaire-45, Posttraumatic Stress Disorder Checklist for DSM-5, Patient Health Questionnaire-9, and Generalized Anxiety Disorder-7 were administered. The Alert Signal Client and Group Climate Questionnaire were utilized to examine effects of therapeutic alliance and group cohesion, respectively. The preliminary results from pre and mid-treatment showed no significant change in symptoms. Conversely, adequate therapeutic alliance was maintained from pre to mid-treatment, and group coherence increased by mid-treatment reflecting a positive working group atmosphere. Implications of the results from pre-treatment to 3-month follow-up will be discussed.

THU 315
Perfectionism and Repetitive Negative Thinking (RNT) in Posttraumatic Stress Disorder
 (Abstract #1529)

Poster #THU 315 (Clin Res, Assess Dx, Cog/Int, QoL, Adult) M - Industrialized

Monteiro-Ferreira, João¹, Caldeira, Salomé¹, Nogueira, Vasco¹, Fonseca, Lígia¹, Macedo, António¹, Pereira, Ana²

¹University of Coimbra Hospitals, Coimbra, Portugal

²University of Coimbra School of Medicine, Coimbra, Portugal

Background: Research on the relationship between Posttraumatic Stress Disorder (PTSD) and perfectionism is scarce in clinical samples (Egan et al., 2013). Aims: Being perfectionism a transdiagnostic risk factor (Macedo et al, 2014), the aim of the current ongoing study on PTSD is to examine if perfectionism is associated with PTSD, as shown for clinical conditions, such as eating disorders, anxiety, and depression and also to analyse the role of Repetitive Negative Thinking (RNT) in this association. Method: The sample population consists of 50 participants who are

currently under treatment for PTSD. Results: Results suggest significant correlations between perfectionism and PTSD and demonstrate that cognitive processes such as RNT may play a significant role in PTSD. Conclusions: These findings are important in understanding the interactions of perfectionism and RNT in PTSD with significant implications for the treatment of this disorder.

THU 316
Understanding the Fear of Emotion's Impact on PTSD within a New Paradigm
 (Abstract #128)

Poster #THU 316 (Clin Res, Assess Dx, Cog/Int, Comm/Int, Fam/Int, Adult) M - Industrialized

Brustuen, Beth¹, Davis, Louanne², Luedtke, Brandi², Essman, William¹

¹University of Indianapolis, Indianapolis, Indiana, USA

²Roudebush VA Medical Center, Indianapolis, Indiana, USA

This project examines the impact that fear of emotion has on veteran posttraumatic stress disorder (PTSD) and the partner interactions within an intimate relationship. Using quantitative data from a research study that was conducted at the Indianapolis Roudebush Veteran's Administration Medical Center (RVAMC) with Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans and their intimate partners, baseline Affective Control Scale (ACS) and PTSD Checklist (PCL) scores were analyzed for this project. The results show that veterans endorsed significantly higher PTSD symptoms than the partners endorsed for the veteran. In addition, post-hoc analysis showed there is a significant positive relationship between veterans' fear of emotion and their self-reported PTSD symptoms. Finally, it was found that the veterans' avoidance/numbing PTSD symptom cluster is the only significant predictor of greater fear of emotion. The results from this project have important implications as to the connection between fear of high emotional states and PTSD, an area with limited research to date. These results have implications for PTSD treatment and prevention, such as the potential ability to screen applicants or members of the military for fear of emotion as a risk factor for PTSD.

THU 317**A PTSD Analogue Study: Investigating the Roles of Memory and Metamemory in Predicting Trauma-Related Outcomes**

(Abstract #699)

Poster #THU 317 (Clin Res, Assess Dx, Clin Res, Cog/Int, Adult) M - Industrialized

Lim, Ban Hong (Phyllice), London, Melissa, Lilly, Michelle
Northern Illinois University, DeKalb, Illinois, USA

Consistent with theories of posttraumatic stress disorder (PTSD), individuals who develop PTSD typically experience difficulty in recalling trauma memories. Yet, extant findings were limited given the use of self-reports to assess retrospective accounts of trauma. Recent research has suggested that metamemory – one's subjective beliefs about their memory functioning and quality – may partially account for the reported memory fragmentation among individuals with PTSD. Using a sample of 85 "healthy" undergraduate students, this study examines the association between memory and metamemory in PTSD. Participants rated their memory ability before receiving either positive or negative feedback on their performance on a standardized memory assessment. Next, they watched a trauma analogue film followed by a free recall task (objective performance) and rating of the quality of their recall (subjective performance). We hypothesize that (i) manipulating individuals to believe their memory abilities are poor will adversely impact their recall task performance, (ii) after controlling for metamemory group, memory ability will account for additional variance in recall task performance, and (iii) after controlling for memory ability, metamemory group will account for additional variance in perceived quality of their recall. Data collection has recently been completed and analysis is underway.

THU 318**The Role of Peritraumatic Dissociation, Distress and Gender in the Prediction of Acute Stress Disorder for Male and Female Victims of Violent Crimes**

(Abstract #660)

Poster #THU 318 (Clin Res, Acute, Assess Dx, Clin Res, Adult) M - Industrialized

Demarble, Julie¹, Fortin, Christophe¹, D'Antono, Bianca², Guay, Stéphane¹
¹Université de Montreal & Centre d'Etude du Trauma, Montréal, Quebec, Canada
²Montreal Heart Institute, Montreal, Quebec, Canada

Background: Peritraumatic dissociation (PD) and distress (PDI) are strong predictors of ASD and PTSD development. However, research findings considering peritraumatic and gender-related factors remain scarce and are yet to be determined for victims of violent crimes. Objective: Examine whether peritraumatic dissociation and distress, predict the number of ASD symptoms differently for men and women victims of violent crimes. Methods: 158 adults (65 men, 93 women, Mage = 39): 77% physical assaults, completed the Acute Stress Disorder Interview, the Peritraumatic Dissociative Experience Questionnaire and the Peritraumatic Distress Inventory. Analyses included t-tests and hierarchical linear regressions controlling for PTSD known risk factors. Results: Hierarchical regressions showed that both dissociation and distress are significant predictors of the number of ASD for men, respectively ($b = .161$; $p = .029$) ($b = .169$; $p = .005$). Although women experienced greater peritraumatic distress, ($t(156) = 7.003$, $p < .001$) then men, PD was not a significant predictor of ASD for women, only PDI was ($b = .148$; $p = .002$). No other significant gender related factors emerged. Overall R^2 : 0.335 for men and 0.277 for women. Conclusion: Men could be more vulnerable to peritraumatic distress, since, despite lower distress scores compared to women, PDI was identified as a male specific predictor of ASD.

THU 319**Estrogen Levels Predict Skin Conductance in a Fear-Conditioning Paradigm in Women with Posttraumatic Stress Disorder**

(Abstract #280)

Poster #THU 319 (Clin Res, Assess Dx, Rape, Adult) I - N/A

Briscone, Maria¹, McGregor, Claire², Kerley, Kimberly³, Norrholm, Seth⁴, Jovanovic, Tanja³
¹Emory University/Atlanta VAMC, Atlanta, Georgia, USA
²Emory University, Atlanta, Georgia, USA
³Emory University School of Medicine, Atlanta, Georgia, USA
⁴Atlanta VAMC/Emory University, Decatur, Georgia, USA

Individuals with posttraumatic stress disorder (PTSD) typically display an increase in autonomic activity; however, the most symptomatic patients with multiple traumatic experiences have been shown to display physiological hypo-reactivity (McTeague et al., 2010). In healthy women lower levels of estrogen have been associated with elevated skin conductance responding, or physiological hyper-reactivity (Wegerer et al., 2014). However, given the hypo-reactivity associated with severe PTSD, the present study assessed the role of estrogen on skin conductance

response during fear acquisition in individuals with and without PTSD. Participants ($n=88$) were fear conditioned, skin conductance responses were recorded, estrogen levels were assayed from serum, and a diagnosis of PTSD was made from PTSD Symptom Scale-based DSM-IV criteria. We performed a stepwise linear regression analysis to see whether estrogen levels independently predicted lower skin conductance response during the last phase of acquisition. After accounting for age and trauma, estrogen accounted for an additional 5.1% of the variance [F change (1,30) = 4.729, $p = .038$] within the PTSD group only. These results further demonstrate low estrogen may exacerbate PTSD symptomology, and that decreases in skin conductance responses in women with PTSD may be a useful clinical tool to further study this interaction.

THU 320
Change in Prevalence of Psychiatric Disorders over 2 years Following a Road Traffic Crash: Results from the UQ SuPPORT Study
 (Abstract #494)

Poster #THU 320 (Clin Res, Acc/Inj, Anx, Assess Dx, Depr, Adult) M - Industrialized

Kenardy, Justin¹, **Heron-Delaney, Michelle**², **Warren, Jacelle**³, **Cameron, Cate**⁴, **Brown, Erin**¹

¹The University of Queensland, Herston, QLD, Australia

²Australian Catholic University, Banyo, Queensland, Australia

³The University of Queensland, Herston, Queensland, Australia

⁴Griffith University, Meadowbrook, Queensland, Australia

Objective: To investigate trajectories and comorbidity of psychiatric diagnosis two years following road traffic crash (RTC) for claimants with predominantly minor injuries. **Methods:** A longitudinal cohort design was used for 382 consenting claimants within the motor vehicle insurance scheme in Queensland, Australia. Diagnostic telephone interview data were collected at approximately 6, 12 and 24 months post-RTC. There were 284 participants who completed all interviews for posttraumatic stress disorder (PTSD, via the DSM4 CIDI-PTSD), major depressive episode (MDE) and generalised anxiety disorder (GAD, via the DSM4 CIDI-SF). **Results:** Over 50% of participants suffered a diagnosis over the 6-24 months post-RTC. Those with co-morbid diagnoses compared to a single condition, those with PTSD compared to MDE or GAD, and those with an early (6 month) diagnosis compared to a delayed (12 month) onset, had lower likelihoods of mental health recovery at 24 months. Psychological conditions tended to stabilize between

12 and 24 months, compared to between 6 and 12 months. **Conclusions:** Data suggest some patterns in mental health recovery following road traffic crash. Early assessment for mental health disorders and treatment should be prioritised for claimants with early and multiple diagnoses. Results suggest both trans-diagnostic and gateway PTSD models as possible explanations.

THU 321
DSM-5 PTSD Symptom Profiles in Individuals with High versus Low Posttraumatic Growth
 (Abstract #344)

Poster #THU 321 (Clin Res, Assess Dx, Clinical Practice, Adult) M - Industrialized

Silverstein, Madison, **Kramer, Lindsay**, **Lee, Danny**, **Weathers, Frank**
 Auburn University, Auburn, Alabama, USA

Although an association between posttraumatic growth (PTG) and posttraumatic stress disorder (PTSD) has been established, findings about the directionality and magnitude of this association are mixed (Zoellner & Maercker, 2006). To further explore this association, the current study used profile analysis to compare PTSD symptom patterns in individuals with high versus low PTG. Participants were 161 trauma-exposed undergraduates. They completed the PTSD Checklist for DSM-5 (PCL-5) and Posttraumatic Growth Inventory (PTGI) and were divided into high and low PTG groups. A significant level effect ($F[19, 3021]=14.86, p<.01$) was observed, indicating that the high PTG group had a higher mean total PCL-5 score. However, a significant departure from parallelism ($F[19, 3021]=2.672, p<.01$) was also found, indicating that the magnitude of the between-group difference varied by symptom. This suggests that some symptoms (e.g., intrusive memories, distress after exposure to trauma-related stimuli) might play a larger role in the association between PTG and PTSD. Possible explanations for these findings are that distress might be necessary to experience growth (Tedeschi & Calhoun, 2004), or that PTG serves as a mask for psychological pain (Zoellner & Maercker, 2006). Limitations include a cross-sectional design and reliance on retrospective self-report.

THU 322**Impact of Cognitive Behavioral Therapy on Resting Cardiac Parameters and Cortisol in Patients with Post-traumatic Stress Disorder: A Pilot Randomized Clinical Trial**

(Abstract #908)

Poster #THU 322 (Clin Res, Affect/Int, Bio Med, Clinical Practice, Bio/Int, Adult) M - Latin Amer & Carib**Gonçalves, Raquel¹, Volchan, Eliane², Coutinho, Evandro³, Figueira, Ivan², Ventura, Paula²**¹Federal University of Rio de Janeiro, Rio de Janeiro, Brazil²Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil³Escola Nacional de Saude Publica (ENSP-FIOCRUZ), Rio de Janeiro, Brazil

Post-traumatic stress disorder (PTSD) has been associated with changes in psychophysiological and neuroendocrinal parameters. Cognitive behavioral therapy (CBT) is considered the treatment of choice for PTSD and is able to regularize altered neurobiological parameters. However, little is known about the effects of CBT on these parameters when measured during the therapeutic process. This pilot study aimed to evaluate the impact of CBT on cortisol and cardiac parameters measured at rest during the treatment of PTSD with comorbid major depression. 14 patients were randomized to four months of CBT or a waiting list. As expected, the experimental group had a greater reduction in PTSD symptoms, achieving high effect size. There was a reduction in the low frequency component of heart rate variability, which achieved borderline statistical significance and high effect size. Salivary cortisol tended to track the progress of therapy, rising in the period of exposure and decreasing by the end of treatment. Despite the small sample size, this study opens the way for further research into the impact of CBT on the different biological markers of PTSD during the therapeutic process. This can hopefully help to optimize and personalize therapeutic studies while providing clues about modifications in biobehavioral pathological manifestations.

THU 323**Imagery Rehearsal Therapy for Nightmares with an Olfactory Component**

(Abstract #151)

Poster #THU 323 (Clin Res, Clin Res, Clinical Practice, Sleep, Adult) I - N/A**Franklin, C, Tomassetti-Long, Victoria, Walton, Jessica, Uddo, Madeline***Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA*

Sleep-related disturbance is identified as a primary treatment target among treatment-seeking veterans with Posttraumatic Stress Disorder (PTSD). One cause of sleep related problems is recurrent nightmares. Imagery Rehearsal Therapy (IRT) has shown good results for reoccurring content nightmares in patients with PTSD. However, recent evidence reveals that nightmare sensory detail- particularly olfactory sensory detail- is predictive of fewer treatment gains with IRT. This pilot study uses a quasi-experimental design to compare the potential utility of adding an explicit olfactory direction (for participants to change the smell in their dream as part of their rescripted dream) to the standard IRT protocol. Participants (N=20) are assigned to one of two groups: the IRT + olfactory component group who experience a smell in their posttraumatic nightmares (PTNMs); the standard IRT group who do not experience olfactory sensations in their PTNMs. It is hypothesized that, for veterans experiencing olfactory sensation in PTNMs, the addition of the olfactory direction will result in symptom decrements that are equivalent to those reported by IRT treatment-completing veterans who do not report olfactory detail in their PTNMs. Through this research we hope to inform and improve clinical practice with Veterans who have reoccurring nightmares with olfactory component following trauma.

THU 324**Treating Nightmares among Trauma-Exposed Persons with Bipolar Disorder**

(Abstract #154)

Poster #THU 324 (Clin Res, Sleep, Adult) I - Industrialized**Miller, Katherine, Davis, Joanne, Youngren, Westley**
University of Tulsa, Tulsa, Oklahoma, USA

Whenever possible, treatments should be modified and systematically tested to address the needs of specific clinical populations. Individuals with severe mental illness (SMI) are at greater risk to experience a traumatic event than those without such a disorder. Yet, few trauma-focused treatments have been specifically tested with this population. Nightmares and sleep disturbances are common complaints among those exposed to a traumatic event. Additionally, SMI often involves sleep disturbances that are difficult to eradicate. Exposure, Relaxation, and Rescripting Therapy (ERRT), a brief cognitive-behavioral treatment for trauma-related nightmares, has been used effectively in a general community and military sample. The current case-series (n=6) explores the efficacy of an adapted ERRT treatment

protocol for individuals diagnosed with bipolar disorder (B-ERRT). The adapted treatment protocol includes additional sessions, mood and social rhythm tracking, and an additional relaxation procedure. Pre- and post-treatment data changes indicate improvements in nightmare frequency, sleep quality and quantity, and quality of life. By attending to posttrauma nightmares, improvement in sleep may improve disruptions in regulation of daily activities. These preliminary results encourage further investigation on expanding trauma-focused interventions to diverse clinical populations.

THU 325
Cognitive Behavioral Therapy for
Postdisaster Distress following Superstorm
Sandy: A Community Response
 (Abstract #1564)

Poster #THU 325 (Clin Res, Clin Res, Commun, Comm/Int, Nat/Dis, Adult) M - Industrialized

Hamblen, Jessica¹, **Symon, Kerry**², **Norris, Fran**³,
Bow, Thomas²
¹VA National Center for PTSD/White River Junction
 VA Medical Center, White River Junction, Vermont,
 USA
²Visiting Nurse Service of New York, Jackson
 Heights, New York, USA
³Dartmouth Medical School; National Center for
 PTSD, White River Junction, Vermont, USA

Cognitive Behavioral Therapy for Postdisaster Distress (CBT-PD) is a disaster-specific intervention used following the September 11th 2001 terrorist attacks, Hurricane Katrina, and other national and international disasters. Postdisaster distress encompasses a range of cognitive, emotional, and behavioral reactions to disaster. CBT-PD is a 10 session manualized treatment that has a primary focus on identifying and challenging maladaptive disaster-related beliefs. Eight trained clinicians working with the Visiting Nurse Service of New York provided CBT-PD to adult survivors of Superstorm Sandy as part of the Disaster Distress Response Program funded by the American Red Cross. Participants (n = 211) were assessed pre and posttreatment using the SPRINT-E an 11-item measure of postdisaster distress. For the pre-post sample, SPRINT-E scores declined from a Session 1 average of 7.2 symptoms (SD = 3.4) to a post-test average of 2.6 symptoms (SD = 3.3). This change of 4.62 (SD = 3.77) was statistically significant, $t(210) = 17.82$, $p < .001$. The effect size of 1.2 (M difference/SD difference) was large. Participants who began with more severe symptoms showed greater improvements (an average decline of 6 symptoms) than did participants who began with moderate symptoms (an average decline of 4 symptoms).

THU 326
Self-capacities as Mediators of the
Association between Child Maltreatment and
Adult Psychosexual Adjustment
 (Abstract #340)

Poster #THU 326 (Clin Res, CPA, CSA, Chronic, Health, Adult) I - Industrialized

Bigras, Noémie¹, **Daspe, Marie-Ève**¹, **Godbout, Natacha**¹, **Sabourin, Stéphane**², **Briere, John**³
¹Université du Québec à Montréal (UQAM), Montréal,
 Québec, Canada
²Laval University, Québec, Québec, Canada
³University of Southern California, Los Angeles,
 California, USA

Child maltreatment, especially repeated exposure to multiple types of child maltreatment (i.e., cumulative trauma), tend to produce lasting alterations in interpersonal relatedness, identity, and affect regulation, often referred to as self-capacity disturbances (Briere & Runtz, 2002; Briere et al., 2010). Child maltreatment has also been associated with a large array of relational outcomes including sexual difficulties (Lacelle et al., 2012; Rellini & Meston, 2011). However, the links between childhood traumas and psychosexual adjustment and the mechanisms underlying these effects remain understudied. This study examined integrative models of the role of self-capacities in the relation between child maltreatment and psychosexual adjustment. A total of 383 adults from the general population completed questionnaires assessing early life experiences, self-capacities, and psychosexual adjustment (e.g., sexual anxiety, sexual satisfaction). Path analyses revealed that child maltreatment was related to psychosexual adjustment through reduced self-awareness, a propensity to be involved in difficult interpersonal relationships and impaired affect regulation strategies. Overall, findings yielded that self-capacities might be relevant intervention targets for survivors of child maltreatment who experience psychosexual difficulties.

THU 328
Childhood Poly-victimization and Sexual
Preoccupation in College-Aged Women
 (Abstract #1040)

Poster #THU 328 (Clin Res, CPA, CSA, Chronic, Adult) I - Industrialized

Harrelson, Megan, Alexander, Apryl
 Auburn University, Auburn, Alabama, USA

Researchers have found that victimization in college females is relatively common, and often results in

negative long-term psychological, physiological, and behavioral outcomes. The aim of the present study is to evaluate the relationship between poly-victimization and sexual preoccupation, through engagement in sexual risk-taking behaviors. Specifically, this study examines the relationships between poly-victimization (i.e., high cumulative levels of victimization), six aggregate categories of childhood victimization (property crime, physical assault, peer/sibling, witnessed/indirect, sexual, child maltreatment) and sexual preoccupation in 368 female undergraduate students attending a southeastern United States university. Hierarchical regression analyses were used to evaluate the relative contributions of poly-victimization and individual categories of childhood victimization in predicting sexual preoccupation, as measured by the Internet Sex Screening Tool, Sexual Compulsivity Scale, and Risky Sex Scale. Preliminary regression analyses revealed that poly-victimization accounts a significant proportion of variance on these measures. Findings emphasize the importance for clinicians and researchers to comprehensively assess multiple categories of childhood victimization and poly-victimization when evaluating a client's long-term psychological adjustment.

THU 329
Cumulative Childhood Victimization, Sexual Coercion, and Sexual Compulsivity in College-Aged Males
 (Abstract #1183)

Poster #THU 329 (Clin Res, CPA, CSA, Chronic, Adult) I - Industrialized

Alexander, Apryl, Harrelson, Megan
 Auburn University, Auburn, Alabama, USA

Numerous studies have found that college men consistently report committing sexual acts that meet the legal definition of rape and sexual assault. Researchers have found a positive relationship between male sexual victimization, including sexual coercion, and psychological dysfunction. The aim of the present study is to evaluate the relationship between cumulative childhood victimization, sexual coercion, and compulsivity. Specifically, this study examines the relationships among poly-victimization, six aggregate categories of childhood victimization, and sexual coercion and compulsivity in 101 male undergraduate students attending a southeastern United States university. Hierarchical regression analyses were used to evaluate the relative contributions of poly-victimization and individual categories of childhood victimization in predicting sexual coercion and compulsivity, as measured by the Coercive Sexuality Scale and Sexual Compulsivity Scale. Preliminary regression analyses revealed that poly-victimization accounts a significant proportion of

the variance on measures of sexual coercion and compulsivity. Findings emphasize the importance for clinicians to comprehensively evaluate cumulative trauma and develop potential interventions for college students, and reveal potential associations between victimization and perpetration of sexual violence.

THU 330
The Relation between Adverse Childhood Events, Cognitive Distortions, and Traumatic Distress
 (Abstract #1929)

Poster #THU 330 (Clin Res, CPA, CSA, DV, Neglect, Adult) I - Industrialized

Berman, Ilana, Petretic, Patricia, Calvert, Maegan, Chowdhury, Shaoni
 University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA

Numerous studies have demonstrated a dose-response relationship between the number of adverse childhood experiences (ACEs, which include 5 maltreatment types and 5 forms of household dysfunction) and negative adult outcomes (physical health and psychiatric distress/PTSD; Felitti et al., 1998). However, despite DSM-5 PTSD symptomatic criteria changes which incorporate maladaptive cognitions, such cognitions have not been studied as a posttraumatic outcome variable in adults. Respondents (female undergraduates; N=217; M age=19) completed measures of negative childhood events (ACE), cognitive distortions (Cognitive Distortions Scales) and traumatic symptomatic distress (Trauma Symptoms Inventory). In this college sample, MANOVA indicated a lower ACE threshold (1+ adverse events to affect traumatic distress and 2+ adverse events to affect negative cognitions) than the typical the 4+ events model predicting significant negative health and distress outcomes obtained in previous research with community samples. Further, regression analyses indicated that cognitive schemas partially mediated ($r = .26 - .65$) or fully mediated ($r = .48 - .67$) the relationship between ACEs and distress. Results suggest assessing a broad range of adverse childhood experiences for young adults in treatment and support the cognitive focus of many existing PTSD/trauma treatments (e.g., CPT).

THU 331
Relationship between Childhood Trauma and Trust in Healthcare Providers and Systems
 (Abstract #668)

Poster #THU 331 (Clin Res, Acute, CPA, CSA, Adult) M - Industrialized

Kokokyi, Seint, Klest, Bridget
University of Regina, Regina, Saskatchewan, Canada

Adverse childhood experiences (ACEs) may lead to multiple medical and psychological problems, including posttraumatic stress symptoms. Both ACEs and posttraumatic stress symptoms may alter the ability to trust. It has been speculated that this mistrust or lack of trust may generalize to healthcare professionals. The current study investigated the association between ACEs, posttraumatic stress symptoms, trust in physicians, and trust in the medical system in a representative sample of 292 Canadian adults. ACEs predicted posttraumatic stress symptoms ($b = 4.84, p < 0.001$), trust in physicians ($b = -0.89, p = 0.001$), and trust in the medical system ($b = -1.52, p < 0.001$). Posttraumatic stress symptoms also predicted trust in physicians ($b = -0.19, p < 0.001$) and the medical system ($b = -0.25, p < 0.001$). Two mediation analyses were conducted to examine whether posttraumatic stress symptoms mediate the relationship between ACEs and trust in physicians and the medical system. Both models were significant. Posttraumatic stress symptoms mediated the relationship between ACEs and trust in physicians ($R = 0.15, F[2, 292] = 14.05, p < 0.001$), and ACEs and trust in the medical system ($R = 0.11, F[2, 292] = 18.58, p < 0.001$). Implications for trauma-informed healthcare are discussed.

THU 332
Intimate Partner Violence in Cambodia: An Intergenerational Attachment Perspective Used to Identify Treatment Priorities
 (Abstract #1874)

Poster #THU 332 (Clin Res, CPA, Clin Res, Cul Div, DV, Adult) M - E Asia & Pac

Hasslen, Sharon¹, Beeghly, Jessica¹, Taing, Sopheap², Chhim, Sothea², Field, Nigel¹
¹*Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, California, USA*
²*Transcultural Psychosocial Organization Cambodia, Phnom Penh, Khan Sen Sok, Cambodia*

Intimate partner violence (IPV) is increasingly recognized as a major political and societal problem in Cambodia (Yount & Cerra, 2006). It is estimated that between 15 to 25 percent of Cambodian women are beaten by their husbands (Surtees, 2003). Therefore, it is important to identify contributing factors to IPV in Cambodia as a step toward reducing its incidence. The study was a between-group involving a group of 20 women exposed to IPV and a control group of 20 women from the same villages who were not exposed to IPV recruited from villages in Siem Reap Province in

coordination with the Transcultural Psychosocial Organization of Cambodia program on domestic violence. They completed the Khmer Demographic Questionnaire, Conflict Tactics Scale, Relationship Questionnaire, Parent-Child Role Reversal, Inventory of Interpersonal Problems, and PTSD symptom checklists. The two groups of women were essentially identical in terms of sociodemographic factors. The results indicated an indirect effect of witnessing IPV in childhood on later IPV victimization was mediated by role-reversing parenting and anxious attachment/abandonment concerns. The study findings have implications for intervention in targeting the ending of the cycle of IPV victimization in focusing treatment policies and priorities as an important facet of intervention will be discussed.

THU 333
The Relationships between Maltreatment-Related Shame, Childhood Abuse, and Depression
 (Abstract #1129)

Poster #THU 333 (Clin Res, CSA, Depr, Adult) I - N/A

Menke, Rena¹, Simon, Valerie², Muzik, Maria¹
¹*University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA*
²*Wayne State University, Detroit, Michigan, USA*

Studies indicate shame mediates the relationship between childhood abuse and depression. However, interpretability of these results is limited by reliance on cross-sectional data, and few studies examine frequency of multiple types of abuse. The current study addresses these methodological concerns by examining associations between frequency of multiple types of abuse, maltreatment-related shame, and longitudinal symptoms of depression. Postpartum women ($n = 100$) age 19-45 years with histories of childhood maltreatment provided self-report measures of frequency of multiple types of abuse (e.g., sexual, physical, and emotional abuse, and physical neglect at 4 months postpartum), and maltreatment-related shame (at 6 months postpartum). Depression symptoms were assessed at 6, 12, 15, and 18 months postpartum. Growth curve analyses showed that higher shame predicted the intercepts of depression at each time point, but not the growth rate. Results of path analyses indicate that more frequent emotional and sexual abuse predicted higher shame, and that shame mediated the relationship between abuse frequency and depression at 6, 12, 15, and 18 months postpartum. Discussion will focus on the importance of addressing childhood abuse, and treating maltreatment-related shame during the postpartum period to decrease symptoms of depression.

THU 334**The Influence of Early Therapeutic Alliance Components of Tasks, Goals, Bonds, and Important Other People's Views on Later Stage Treatment of Trauma Symptoms**
(Abstract #192)**Poster #THU 334 (Clin Res, CSA, Chronic, Complex, Adult) M - Industrialized****Lawson, David, Stulmaker, Hayley**
Sam Houston State University, Huntsville, Texas, USA

The therapeutic alliance consistently predicts therapy outcome across studies, populations, and treatment orientations. However, adult survivors of child sexual abuse (CAS) often struggle forming an alliance with therapists. Few studies have examined the relationship between finer grain elements of the alliance and trauma symptoms. Objectives: This study examined the degree to which client reports of early stage tasks, goals, bonds, and important others views, predicted later stage general trauma symptoms and dissociation. Methods: Collected early and late stage trauma data from 55 adult females receiving treatment for CSA histories. Results: After controlling for retraumatization history and interpersonal problems, results indicated large effect sizes in predicting later stage general trauma symptoms ($R^2 = .62$, $p < .001$; $\Delta R^2 = .21$) and dissociation ($R^2 = .47$, $p < .001$; $\Delta R^2 = .19$). Bond and Other made the greatest contribution to the prediction. Further, interpersonal problems but not retraumatization mediated the relationship between early stage others influence and later stage general trauma symptoms. Conclusion: A strong emotional bond is crucial to treatment outcome with CSA, but important others' views are associated with greater trauma symptoms and likely receive less attention. It is equally important to attend to clients important others influences on treatment.

THU 335**Assessing Posttraumatic Stress Disorder in relation to a Worst Single Incident: Do we Overestimate Therapeutic Effects in Multiple Traumatized Patients?**

(Abstract #1701)

Poster #THU 335 (Clin Res, CSA, Chronic, Complex, Adult) M - Industrialized**Priebe, Kathlen¹, Schropp, Andrea¹, Kleindienst, Nikolaus¹, Dyer, Anne², Steil, Regina³, Bohus, Martin¹**
¹*Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany, Mannheim, Baden-Württemberg, Germany*²*Mannheim University, Mannheim, Baden-Württemberg, Germany*³*Goethe-University, Frankfurt, Hessen, Germany*

Objective: Patients with posttraumatic stress disorder (PTSD) related to childhood sexual abuse (CSA) often have a history of multiple traumas. PTSD-symptoms can be assessed in relation to (a) a worst single incident, (b) a traumatic event and (c) trauma history. Studies on the impact of different trauma definitions on PTSD severity scores are missing. Method: Women with CSA-related PTSD were randomized to dialectical behavior therapy for PTSD (DBT-PTSD) or a treatment-as-usual wait list. PTSD-symptoms were assessed in relation to the worst single incident and in relation to a maximum of 3 different traumatic events (trauma history). Results: Results of hierarchical linear models indicate that: 1) PTSD-symptoms improved significantly more in DBT-PTSD than in the wait list with large between-group effect sizes, and 2) this was the case with respect to both the worst single incident and trauma history. Lower PTSD severity scores were found when symptoms were related to the worst single incident as compared to trauma history at post treatment and follow up. Conclusion: Different index trauma definitions are related to differences in PTSD severity scores. Symptom assessment only related to a worst single incident can lead to an overestimation of improvement in patients with multiple traumas.

THU 336**Trauma History and its Impact in an Australian Sample of People who have Experienced Homelessness**

(Abstract #313)

Poster #THU 336 (Clin Res, Complex, Adult) I - Industrialized**Armstrong, Renee***Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Carlton, Victoria, Australia*

Traumatic event history and the associated symptom profile of people who have experienced homelessness is poorly understood. This study examined types of traumatic events along with the mental health impact in a sample of people (N=206) accessing homeless support agencies in Melbourne, Australia. The trauma type, frequency, age at first experience and perpetration were utilized as indicators of Type I or Type II exposure. Traumatic stress profile and the wider symptom profile associated with Complex PTSD were identified. Results indicate that all participants reported at least one Type I exposure which was relatively higher than the 74.9% reported for the Australian general

population. In addition, 81.1% of the participants reported at least one Type II exposure. Over 70% met a 12-month diagnosis for PTSD compared to 6.4% in the general population. The Complex PTSD symptom severity was extreme with high levels of endorsement across the spectrum, including: emotional regulation difficulties, difficulty maintaining social relationships, and negative perceptions of self and of the world. Exploratory modelling was utilized to investigate relationships between trauma characteristics, and life outcomes such as symptom severity and length of homelessness. Clinical and policy implications stemming from this study adopted by the support agencies will be presented.

THU 337

Creative Arts Therapy for Traumatized Children in South Africa: Preliminary Findings of an Intervention Study (Abstract #1154)

Poster #THU 337 (Clin Res, CSA, Cul Div, Child/Adol) I - E & S Africa

van Westrhenen, Nadine¹, Kleber, Rolf¹, Fritz, Elzette²

¹*Utrecht University, Utrecht, Utrecht, Netherlands*

²*University of Johannesburg, Johannesburg, Gauteng, South Africa*

South Africa has been referred to as a 'natural laboratory' where the impact of traumatic events and their consequences can be studied. A large number of children in South Africa witness or are subjected to community violence (e.g., robbery, assault, shootings) and household violence (e.g., domestic violence, physical and sexual abuse). The climate of violence is such that even though a single event may cause traumatic reactions, this is often against a background of other traumatic events that increase vulnerability for posttraumatic stress disorder (PTSD) and comorbid conditions like depression and anxiety. Current health care services are inadequate to handle all child trauma cases, and the implementation of Western-influenced interventions in the South African context should be considered critically, as different cultural practices and societal arrangements determine the approach to healthcare and treatment compliance. Making use of existing cultural rites, a comprehensive Creative Arts Therapy intervention programme has been developed and is currently being implemented with the help of local social workers in a trauma clinic in South Africa. Preliminary findings of this study will be discussed, demonstrating the effects of this intervention on posttraumatic stress reactions and posttraumatic growth.

THU 338

Impact of Racial Diversity on Group PTSD Treatment Outcomes (Abstract #243)

Poster #THU 338 (Clin Res, Cul Div, Ethnic, Adult) I - Industrialized

Mackintosh, Margaret-Anne¹, Morland, Leslie¹, Cha, Nancy¹, Kloezezan, Karen²

¹*National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii, USA*

²*University of Hawaii at Manoa, Honolulu, Hawaii, USA*

The impacts of racial diversity on interpersonal processes and outcomes in group therapy are an understudied area. This project is a secondary analysis of data from group-based Cognitive Processing Therapy for posttraumatic stress disorder (PTSD) and investigates the role of structural diversity (e.g., numerical representation of the racial diversity) on treatment gains in a demographically diverse sample of male veterans treated in 26 groups (N = 114). Latent growth curve models were used to model change in PTSD symptoms over time (baseline, post-treatment, 3- and 6-month follow ups). Hypotheses assessed the impact of three racial diversity measures, one between-group measure (variability in racial diversity within groups) and two between-member measures (percentage of the group that was of a similar race as each participant and the racial match between each participant and the therapist) on outcomes, while controlling for group size and minority status. Results showed higher racial diversity within groups predicted better treatment response, while neither between-member diversity measure predicted outcomes. Models indicated that larger group sizes predicted poorer response with inconsistent findings for minority racial status. Thus, clinicians need to be aware of and manage multiple individual and group level factors in order to maximize the group intervention effects.

THU 339

Use and Experience of Recent Intimate Partner Violence among Women Veterans who Deployed to Iraq and Afghanistan (Abstract #741)

Poster #THU 339 (Clin Res, DV, Adult) I - Industrialized

Creech, Suzannah¹, Taft, Casey²

¹*VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*

²*National Center for PTSD at VA Boston Healthcare*

System and Boston University, Boston, Massachusetts, USA

Women veterans may be at high risk for intimate partner violence (IPV), which increases susceptibility for negative physical and mental health. IPV experiences and use have not previously been studied among the newest generation of women Veterans who deployed to the conflicts in Iraq and Afghanistan. Method: This study examined the correlates of IPV in a sample of 102 women Veterans who had deployed to the conflicts in Iraq or Afghanistan and who were in current intimate relationships. Utilizing an anonymous web-based survey, participants completed measures of combat and sexual harassment exposure during deployment, measures of mental health and substance abuse, intimate relationship satisfaction, and recent IPV. Results: Results indicated that 63% of the sample endorsed experiencing any IPV in the past 6 months, while 73% endorsed using IPV toward their partner in the past 6 months. Linear regressions indicated intimate relationship satisfaction explained significant variance in recent psychological IPV while alcohol misuse and recent psychological IPV experiences explained significant variance in physical IPV experiences and use and sexual IPV experiences. Conclusion: Results suggest the need to assess for both types of IPV in medical settings, and that for some women, IPV prevention that focuses on healthy relationship functioning may be beneficial.

THU 340

Intimate Partner Violence and Eating Disorder Symptomatology among Female Veterans: The Mediating Role of PTSD
(Abstract #234)

Poster #THU 340 (Clin Res, DV, Rape, Adult) I - N/A

Bartlett, Brooke¹, Mitchell, Karen¹, Iverson, Katherine²

¹National Center for PTSD, Women's Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Boston, Massachusetts, USA

²National Center for PTSD, Women's Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Jamaica Plain, Massachusetts, USA

Intimate partner violence (IPV) has been associated with increased rates of eating disorders (EDs; Mitchell et al., 2012). Although trauma is considered a nonspecific risk factor for EDs (Jacobi et al., 2004), IPV specifically has received limited attention in the ED literature. Studies suggest higher IPV rates among female veterans than the general population

(Gerber et al., 2014) and female veterans report significant rates of EDs (Mitchell et al., 2014). We examined associations between past-year IPV (assessed with the Conflict Tactics Scale, Revised) and current ED symptoms (assessed with the Eating Disorder Diagnostic Scale; EDDS) among female veterans (N=198) and evaluated the role of current posttraumatic stress disorder (PTSD) symptoms (assessed with the PTSD Checklist) as a mediator. Women reporting physical, sexual, and psychological IPV were significantly more likely to report binge eating symptoms. Those who reported sexual ($p=.02$) and psychological ($p=.003$) IPV had significantly higher EDDS scores than women who did not endorse these types of IPV. PTSD mediated the associations between sexual (95% CI: 1.72, 10.64) and psychological IPV (95% CI: .94, 7.97) and EDDS scores. These results highlight the association between IPV, PTSD, and ED symptoms, urging the need for further research among female veterans.

THU 341

The Influence of Type of Intimate Partner Violence on the Association between Childhood Victimization and Internalizing Symptoms

(Abstract #1379)

Poster #THU 341 (Clin Res, Anx, Chronic, Depr, DV, Adult) I - Industrialized

Schwartz, Laura¹, Howell, Kathryn¹, Jamison, Lacy¹, Miller-Graff, Laura²

¹University of Memphis, Memphis, Tennessee, USA

²University of Notre Dame, Notre Dame, Indiana, USA

Many individuals who experience victimization during childhood also experience intimate partner violence (IPV) in adulthood. While both adversities are linked to poor mental health, it is unknown how internalizing symptomatology differs based on the amount of childhood victimization and the type of IPV experienced as an adult. This study examined whether the strength of the association between childhood victimization and symptoms of depression and anxiety varied based on the type of adulthood IPV experienced. Participants included 352 college students aged 18-25 who were in a relationship and experienced either a combination of physical, sexual, and psychological IPV; solely psychological IPV; or no IPV. Multiple regression analyses indicated that the association between childhood victimization differed as a function of the type of IPV participants experienced. For those exposed to multiple types of IPV ($b=0.46, p<.001$) or solely psychological IPV ($b=0.30, p<.001$), as childhood victimization increased current anxiety levels also increased. No interaction effect was found for depression, indicating that the association between childhood victimization

and depression levels was significant no matter the presence or absence of IPV. Findings highlight the negative repercussions of childhood victimization and elucidate the need to assess all forms of intimate partner violence.

THU 342
Using Explicit Case Formulation to Improve Cognitive Processing Therapy for PTSD
 (Abstract #1533)

Poster #THU 342 (Clin Res, Chronic, Clin Res, DV, Rape, Adult) M - Industrialized

Nixon, Reginald, Bralo, Danielle
Flinders University, School of Psychology, Adelaide, SA, Australia

Cognitive Processing Therapy (CPT) is one of several protocol-driven evidence-based therapies for PTSD. It is known that clinicians use these therapies flexibly and that deviations from protocols occur although the effects of such deviations are largely unknown. This open trial examines the effect of using explicit case formulation (CF) to guide deviations from the CPT protocol. At the time of writing 9 clients have been enrolled and 5 clients have completed treatment, with a goal of reaching N = 25 before November. Treatment comprises up to 16 sessions of CPT with explicit case formulations about the presenting issues developed and shared with the client in early sessions. Therapists are allowed to deviate from the standard CPT protocol when CF indicates the need (e.g., motivation interviewing to target extreme ambivalence/avoidance, interoceptive exposure to address panic symptoms that interfere with trauma account writing). Pre-, posttreatment and 3-month follow-up assessment using the CAPS, PCL, DASS are conducted. Post- and follow-up assessments are conducted by assessors unaware of treatment status. Protocol deviations are carefully documented. To date clinically significant outcomes are being achieved (treatment effect sizes > 2.0). Findings and implications for improving delivery of protocol-driven PTSD treatments will be discussed.

THU 343
Descriptive Patterns, Assault Characteristics, and Psychological Impact Associated with Voicing Non-Consent during Rape
 (Abstract #227)

Poster #THU 343 (Clin Res, Rape, Adult) I - Industrialized

Cook, Natalie, Messman-Moore, Terri
Miami University, Oxford, Ohio, USA

Lack of consent is an integral part of the rape definition and plays a role in how women interpret their experience. The current study explored the impact of voicing non-consent, defined as telling the perpetrator "no" or "stop" before or during unwanted sex. Given the paucity of research on voicing non-consent, aims of the study were: (1) to examine patterns associated with voicing non-consent including rape characteristics (e.g., level of familiarity with the perpetrator, type of resistance used, or label assigned to experience), and (2) to determine if voicing non-consent is associated with psychological distress. A sample of 223 college women who experienced completed rape responded to anonymous questionnaires assessing past sexual victimization, characteristics of assault experiences, responses to the event, and symptoms of distress. A large majority of women voiced non-consent, which was significantly associated with increased likelihood of using physical resistance, a greater endorsement of labeling the experience as rape, sexual assault, and non-consensual, and elevated PTS symptoms. Findings contradict the miscommunication hypothesis, an often-cited explanation of sexual victimization. Interventions based on increasing clarity of communication are likely to be unsuccessful and may be perceived as victim blaming. Further suggestions for intervention are discussed.

THU 344
An Examination of the Use and Receipt of Sexual Coercion Tactics among Male University Students: Are Men Using Tactics that they have Experienced Themselves?
 (Abstract #300)

Poster #THU 344 (Clin Res, Aggress, Rape, Adult) I - Industrialized

Torres, Tammy¹, McBain, Sacha², Detweiler, Laura², Garneau-Fournier, Jade², Turchik, Jessica³
¹*Pacific Graduate School of Psychology-Stanford Psy.D. Consortium, Palo Alto, California, USA*
²*Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, California, USA*
³*Center for Innovation to Implementation & National Center for PTSD, VA Palo Alto Health Care System/Stanford University, Menlo Park, California, USA*

Sexual assault is an unfortunately common occurrence on college campuses. Research indicates that perpetrators of sexual violence often have also been victimized although it is unclear if the tactics are the same. The study's aim was to assess the use and receipt of sexual coercion tactics among male college

students to examine if those who report perpetrating sexual violence use coercion tactics that they have experienced. A sample of 299 male students from a Midwestern university completed a comprehensive survey. Results show that 35.8% (n=107) endorsed sexual perpetration. Chi-square analysis revealed that reporting past sexual victimization was proportionally more likely among those reporting sexual perpetration ($p < .001$). Among perpetrators, 71% were victims of unwanted sexual contact, 41.1% sexual coercion, and 28% of rape. 70.1% who had perpetrated unwanted sexual contact at least once also reported having been a victim of unwanted sexual contact, 47.3% of those who sexually coerced a victim had been sexual coerced, and 57.9% of those who committed rape had been raped. The use and receipt of each of the 18 sexual coercion tactics was analyzed with a high percentage reporting both using and receiving each tactic. Findings support a strong relationship between use and receipt of sexual coercion tactics, suggesting additional education and prevention tools may be needed.

THU 345

Posttraumatic Stress Disorder Symptoms and the Interpersonal Theory of Suicide in Women Seeking Shelter from Domestic Violence

(Abstract #839)

Poster #THU 345 (Clin Res, Chronic, Depr, DV, Adult) M - Industrialized

Smith, Phillip, Kuhlman, Shane, D'Amato, Darcey
University of South Alabama, Mobile, Alabama, USA

Posttraumatic Stress Disorder (PTSD) is comprised of multiple symptom clusters and is associated with an increased risk for suicide. PTSD symptom clusters may differentially influence risk for suicide by affecting multiple mechanisms. The interpersonal theory of suicide proposes that the most important mechanisms leading to suicide are thwarted belongingness and perceived burdensomeness coupled with a vulnerability of a lowered fear of death. The current study examined how exposure to trauma and PTSD symptom clusters may differentially influence suicide risk by affecting the components of the IPTS. We conducted a cross-sectional survey study of 137 women currently residing in a domestic violence shelter in the gulf coast region. Self-report surveys and semi-structured interviews were administered by doctoral-trainees in clinical/counseling psychology. Results indicated that dysphoric arousal and numbing were uniquely associated with thwarted belongingness. Numbing was uniquely associated with perceived burdensomeness. Re-experiencing and anxious arousal were uniquely associated with acquired capability. All of these findings were

significant when controlling for trauma exposure and the other PTSD symptom clusters. Implications for the assessment and management of suicide risk in targets of domestic violence will be discussed.

THU 346

The Relationship between Trauma Histories, Trauma Outcomes, and Reactions to Trauma-Based Research in a Sample of Female Victims of Intimate Partner Violence (Abstract #311)

Poster #THU 346 (Clin Res, DV, Health, Rape, Adult) I - Industrialized

Adams-Clark, Alexis¹, Jaques, Michelle², Weaver, Terr²

¹Connecticut College, New London, Connecticut, USA

²Saint Louis University, Saint Louis, Missouri, USA

While trauma-focused research can cause emotional distress, participants have generally reported that they do not regret their participation. Additional studies that have explored more nuanced relationships between participant characteristics, types of trauma, trauma-related outcomes, and reactions to research participation, have found mixed results regarding those participants who may be at risk for more negative outcomes, and those who may experience greater benefits. The purpose of the present study was to examine the relationship between trauma history and levels of distress in a sample of 98 female victims of intimate partner violence (IPV). Regression analyses indicated that the presence of childhood trauma, more complex and severe IPV histories (greater psychological and physical abuse) and presence of more complex and severe trauma outcomes (PTSD, depression, body image distress) all predicted distress during study participation. However, these factors did not predict participants' overall experiences of the study (positive or negative). Furthermore, the degree to which each participant felt that discussing feelings, thoughts or reactions was helpful during the study predicted unique and incremental variance in overall experience above and beyond distress. Implications of these findings for treatment and research with victims of violence will be discussed.

THU 347

Describing Head Injury Exposure among Women Exposed to Intimate Partner Abuse (Abstract #626)

Poster #THU 347 (Clin Res, DV, Health, Adult) M - Industrialized

Gagnon, Kerry, DePrince, Anne
University of Denver, Denver, Colorado, USA

The importance of mild traumatic brain injury (mTBI) has gained traction over the coming years; yet little attention has been made to women exposed to violence, despite significant rates of head injuries and related symptoms in this population of women. The present study examined lifetime exposure to mTBIs among 236 ethnically diverse women who had incidents of intimate partner abuse (IPA) reported to law enforcement. Women were asked to provide details about the IPA incident and posttrauma distress (PTSD, depression), as well as lifetime exposure to potential head injuries and related symptoms. Analyses indicated that 87% of women reported a head injury in their lifetimes, and 55% reported at least one instance including a change in consciousness or being dazed and confused as a result of a head injury. Only a subsample of women (14%) reported a potential head injury during the IPA incident. The majority of women reported current cognitive difficulties related to a head injury, and met research criteria for mTBI. Analyses revealed links between common posttrauma symptoms related to IPA and complaints following head injuries. Findings highlight the importance of assessing for potential head injuries and symptoms among women exposed to IPA. Implications of these findings for policy and practice will be discussed.

THU 348
Posttraumatic Stress Disorder and Depression Mediate the Relationship between Early Trauma Exposure and Physical Health
(Abstract #730)

Poster #THU 348 (Clin Res, Health, Adult) I - N/A

Curreri, Andrew¹, Smith, Brian², Bovin, Michelle³, Pineles, Suzanne⁴

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

²National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

³VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts, USA

⁴National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA

People who have been exposed to psychological trauma are at heightened risk for subsequent mental and physical illness. When traumatic stress occurs during childhood, the effects on health may be even more pronounced. The present study examines

posttraumatic stress disorder (PTSD) symptom severity, depression, and peritraumatic dissociation as potential mediators of the relationship between age at first trauma exposure and physical health in a sample of 120 trauma-exposed women. The PTSD Checklist (PCL), Beck Depression Inventory (BDI), and Peritraumatic Dissociative Experiences Questionnaire (PDEQ) were administered to assess symptoms of PTSD, depression, and peritraumatic dissociation, respectively. Physical health was measured by the somatization subscale of the Brief Symptom Inventory (BSI). The overall model was significant, $F(4,115)=21.93$, $R^2=0.43$, $p<0.001$. In examining these factors, we found significant indirect effects of early trauma exposure on physical health through PTSD symptom severity ($ab = -0.0497$, $SE = 0.0337$, $CI = -0.1405, -0.0044$) and depression symptoms ($ab = -0.1207$, $SE = 0.0436$, $CI = -0.2292, -0.0507$). However, the indirect effect through dissociation was not significant ($ab = -0.0021$, $SE = 0.0081$, $CI = -0.0317, -0.0070$). PTSD and depression may be points of intervention for somatic problems, particularly for those who have experienced early life trauma.

THU 349
Intimate Partner Violence-Related Scars: Exploring Interpersonal Perceptions based on Varied Levels of Dehumanization
(Abstract #650)

Poster #THU 349 (Clin Res, Clin Res, DV, Health, Adult) I - Industrialized

Elrod, Noel, Weaver, Terri, Mii, Akemi, Jaques, Michelle
Saint Louis University, Saint Louis, Missouri, USA

Injuries resulting from intimate partner violence (IPV) can result in residual reminders of the experience (i.e. scars), which can impact body image concerns. These body-focused concerns can have an intra- and interpersonal dimension. Therefore, it is important to understand what affects outsiders' perceptions of an IPV-related mark or scar. One such factor may be dehumanization, which refers to the process by which individuals are denied unique human qualities (e.g. civility, refinement, warmth), often used to justify violent behavior. This study uses audio scripts of a victim's experience with IPV based on actual victims' accounts to examine the effects of blatant and explicit verbal dehumanization versus no verbal dehumanization on subjective and objective perceptions of resulting scars in the context of physical IPV. If dehumanization is perceived as increased derogation, then audio accounts including verbal dehumanization should result in more negative subjective and objective perceptions of resulting scars with a stronger effect for subjective perceptions. This

hypothesis was tested in an ongoing study using two-level between-groups analyses of variance in a sample of college-aged students at a Midwestern University. Implications for addressing body focused concerns in victims of IPV will be discussed.

THU 350

Evaluation of Psychotropic Medication Utilization in Women with PTSD in Public Sector Settings and their Relation with Severity of PTSD Symptomatology and Medical and Psychiatric Comorbidities
(Abstract #882)

Poster #THU 350 (Clin Res, Health, Illness, Adult) I - N/A

Prpich, Galina¹, Garvert, Donn², Cloitre, Marylene³, Kamath, Jayesh¹

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

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

³National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA

Female PTSD patients (N=168) enrolled in a multi-site clinical trial evaluating a CBT for PTSD. Baseline assessments include the Clinician-Administered PTSD Scale (CAPS) and Structured Clinical Interview for Diagnosis (SCID), along with instruments that capture participants' health services utilization, pharmacological treatments, and medical and psychiatric comorbidities. Statistical analyses include one-way ANOVA and independent-samples t-test. Of the 168 participants included in this analysis, 64.9% were on at least one psychotropic medication. Participants on psychotropic medications reported higher number of health services utilization and poorer general health. Participants using 2 or more psychotropic medications had higher CAPS scores than those who were on single or no psychotropic medications. CAPS scores for participants using non-antidepressant psychotropic (ie antipsychotic) medications had higher CAPS scores compared to those on antidepressant medications alone, which in turn was higher than those not on psychotropic medications [$p = 0.043$]. The same pattern of results were found across these three groups regarding reports of their general health, mental health services used, and number of axis I diagnoses. Psychiatric symptomatology including PTSD severity and health services used is higher in women receiving psychotropic medications in public sector settings.

THU 351

An Evaluation of Neurofeedback as an Adjunct Therapy in the Treatment of Severely Traumatized Refugee Adults
(Abstract #1643)

Poster #THU 351 (Clin Res, Bio/Int, Torture, Civil/War, Adult) M - Industrialized

Askovic, Mirjana, Aroche, Jorge, Coello, Mariano
South Western Sydney Area Health Service, Sydney, NSW, Australia

Background: This paper evaluates the effectiveness of neurofeedback (NF) treatment as an adjunct to trauma counselling of 50 refugee clients suffering from severe PTSD. Most clients received one or more modalities of treatment prior to their referral to the STARTTS' Neurofeedback Clinic. The clients were referred for NF because of the severity of their symptoms and slow progress with other treatment modalities. The main objective of the review was to investigate whether NF made a significant difference in the clients' symptoms and the distress associated with them. Method: All clients received in average 20-30 sessions of NF combined with trauma counselling. NF treatment protocols were mainly focusing on decreasing slow and fast brainwave activity while enhancing either sensory/motor rhythm or alpha and theta activity, to promote calm and relaxed states. The clients were assessed pre and post-treatment using cross-culturally validated psychological instruments. Results: Pre to post treatment assessment data analysis showed a significant reduction in the client's symptoms and the distress associated with them. Conclusion: These results support the use for NF as an added intervention to enhance trauma counselling by supporting severely traumatised clients to improve emotional self-regulation and decrease intensity of their symptoms of PTSD, anxiety and depression.

THU 352

Modulation of Learned Fear Using Transcranial Electrical Stimulation: Implications for PTSD Treatment Development
(Abstract #1655)

Poster #THU 352 (Clin Res, Anx, Clin Res, Adult) I - Global

Abend, Rany¹, Jalon, Itamar¹, Sar-El, Roy¹, Bar-Haim, Yair¹, Hendler, Talma²

¹Tel Aviv University, Tel Aviv, Israel

²Tel Aviv University and Tel Aviv Sourasky Medical Center, Tel Aviv, Israel

PTSD is a severe, chronic condition, and current treatment is still limited in efficacy and particularly susceptible to spontaneous symptom relapse. In the current study we examined whether transcranial electrical stimulation (tES) of the medial frontal cortex is effective in modulating plasticity processes associated with learned fear in healthy individuals. tES is a safe, inexpensive, and easily-applied brain stimulation technique. While recording skin conductance, we applied direct current (DC) and alternate current (AC) stimulation to target distinct plasticity processes during the extinction phase of a fear conditioning paradigm, and measured subsequent recovery of fear response during the test phase. Results show successful acquisition and extinction of fear response across stimulation conditions, and an enhanced fear response recovery following AC stimulation during the previous day. These results demonstrate that tES can modulate plasticity processes associated with the extinction of learned fear. In terms of translation into the clinical field, while further research is required to determine effective stimulation parameters, the current results highlight the potential utility of tES in enhancing exposure-based therapy for PTSD.

THU 353
Initial Reactions to Ferguson: Education Moderates the Relationship between Exposure to Violence and Posttraumatic Stress Symptoms

(Abstract #240)

Poster #THU 353 (Clin Res, Comm/Vio, Adult) M - Industrialized

Strasshofer, David, Beagley, Marin, Held, Philip, Peterson, Zoe, Galovski, Tara
 University of Missouri St. Louis, St. Louis, Missouri, USA

Following exposure to traumatic events such as the community violence that occurred in Ferguson, MO some subset of the population may develop posttraumatic stress symptoms (PTSS). Previous research suggests that PTSS will be variable in severity, depending on a number of factors. The current study sought to examine the moderating effect of level of education (high school or less v. beyond high school) on the relationship between exposure to the events in Ferguson and PTSS in a sample of 198 Ferguson residents. Results revealed that increased exposure to the events in Ferguson positively predicted PTSS. Moderation analyses indicated that the main effect of education in predicting PTSS was significant ($\Delta R^2 = .03$, $F(1, 190) = 8.55$, $p = .004$; $\beta = -12.52$, $SE = 3.83$; 95% CI: -20.08- -4.97), suggesting that beyond a high school education predicts lower PTSS. The interaction between exposure and

education level was significant for those with higher education ($\beta = 2.75$, $SE = 0.57$; 95% CI: 1.63-3.87), indicating that more exposure to trauma resulted in increased PTSS for those who were more educated. This effect remained significant after controlling for gender, race, age, and income. Given the enormity of the events of Ferguson and the national response, these results highlight the importance of considering the role of education in the development of PTSS following community violence.

THU 355
The Relationship between Shame, Guilt, and Posttraumatic Stress Symptom Severity in Refugees and Torture Survivors
 (Abstract #429)

Poster #THU 355 (Clin Res, Chronic, Refugee, Torture, Adult) I - Industrialized

Baptiste, Victoria¹, Baetz, Carly², Brassell, Anne¹, Clifton, Jessica¹, Harder, Valerie³, Fondacaro, Karen¹
¹University of Vermont, Burlington, Vermont, USA
²City University of New York, New York, New York, USA
³University of Vermont, Burlington, New York, USA

Shame and guilt have been recognized as important components of posttraumatic stress (PTS) in a variety of populations (Lawrence & Taft, 2012). However, the impact of culture on the relationship between shame, guilt, and PTS symptoms has not been well studied. Given the growing number of refugees resettling in the United States (UNHCR, 2014) and the recent inclusion of negative emotions in the diagnostic criteria for PTSD (APA, 2013), it is imperative to better understand this relationship in other cultures. To address this gap in the literature, the current study examined the relationship between shame, guilt, and PTS symptoms among 136 refugees (49% females; 33% Bhutanese/Nepalese; 24% Somali) referred to a community mental health clinic. Measures included a demographics form and the Harvard Trauma Questionnaire (Mollica & Caspi-Yavin, 1992) to assess for PTS symptomatology based upon the DSM-IV-TR (APA, 2000). Preliminary results indicated that shame, guilt, and PTS symptoms did not differ based upon country of origin, gender, or torture history. Shame and guilt independently predicted PTS symptoms, suggesting that the expression of shame and guilt is an important feature of PTS symptoms among refugees. These findings replicate the results of previous studies in a new population and validate inclusion of negative emotion in the DSM-5 diagnostic criteria for PTSD.

THU 356**Optimizing Care for Refugees: An Examination of Coping before and after Migration**

(Abstract #433)

Poster #THU 356 (Clin Res, Chronic, Clin Res, Refugee, Adult) I - N/A**Ma, Vanessa**¹, Muller, Holly¹, Reed, David¹, Patel, Sita¹, Wickham, Robert¹, Kohli, Sarita²¹Palo Alto University, Palo Alto, California, USA²AACI - Asian Americans for Community Involvement, San Jose, California, USA

Refugees are often exposed to traumatic experiences during the pre-migration, transit, and resettlement process. Although refugees are particularly vulnerable to a variety of mental health problems, many demonstrate effective coping and resilience after migration. Research on coping among refugees is limited as there are no comprehensive frameworks on how refugees manage the challenges of migration and resettlement. Optimal clinical care for refugees should be informed by a more in-depth understanding of coping to identify resources that may reduce the impact of migration trauma. To explore the complexities of coping before and after migration, the present study used data from a community outpatient clinic serving adult refugees (n=43). Data analyses included t-tests to examine differences in coping before and after migration, and by gender. Regression analyses tested the association between coping and two indices of psychological health: Post-Traumatic Stress Disorder and Depression. Preliminary results suggest that refugees used more internal coping strategies during pre-migration than post-migration, and that female refugees used more internal coping strategies during both pre- and post-migration. This study emphasizes the value of using strengths-based approaches to promote refugees' coping behaviors in order to optimize care for this vulnerable and underserved population.

THU 357**Relationships between Unwanted Behaviors and PTSD Symptomology in College Students**

(Abstract #697)

Poster #THU 357 (Clin Res, Chronic, Clin Res, DV, Adult) I - N/A**Stillman, Ashley**¹, Hancock, Kelsey², Davis, Joanne²¹Laureate Institute for Brain Research, Tulsa, Oklahoma, USA²The University of Tulsa, Tulsa, Oklahoma, USA

Background: Prior research has established a relationship between stalking victims and increased psychopathology, including increased posttraumatic stress disorder (PTSD) symptom severity. However, relationships between unwanted pursuit behavior severity and PTSD remain unclear. Method: Participants consisted of 195 college students (59.8% female). Participants completed the Unwanted Pursuit Behaviors Questionnaire, the Life Events Checklist 5, the PTSD symptom checklist and the Adverse Childhood Events Scale. Pearson's correlations and a multiple linear regression were used to assess relationships between stalking, trauma and PTSD symptoms. Results: Number of prior traumas and number of unwanted pursuit behaviors were significantly related to PTSD ($R=0.237$, $p>0.001$; $R=0.257$, $p>0.001$, respectively); however adverse childhood events were not related to PTSD ($R=-0.017$, $p=0.805$). When entered into a multiple regression, both unwanted pursuit behaviors ($\beta=0.214$, $p=0.002$) and prior trauma ($\beta=0.226$, $p=0.001$) significantly predicted PTSD symptoms. Conclusion: Results suggest that unwanted pursuit behaviors may contribute to PTSD symptomology above and beyond that of number of prior traumas. Furthermore, results suggest that it may be important to address stalking in terms of implementing prevention programs on campus.

THU 358**Is Reconsolidation Blockade a Viable Treatment Option for Trauma-Related Memories in LMICs?**

(Abstract #801)

Poster #THU 358 (Clin Res, Global, Torture, Civil/War, Adult) M - S Asia**Descamps, Melanie**¹, Kienzler, Hanna², Sharma, Bhogendra³, Sapkota, Ram P.², Pedersen, Duncan¹, Brunet, Alain⁴¹Douglas Mental Health University Research Institute/McGill University, Montreal, Quebec, Canada²McGill University, Montreal, Quebec, Canada³Center for Victims of Torture, Kathmandu, Nepal⁴McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada

In low- and middle-income countries (LMICs), treatment needs are great and mental health resources are scarce. Interventions developed in the West for traumatic stress, such as psychotherapy and pharmacotherapy, remain difficult to implement, with varying success. We explored the feasibility and social acceptability of using reconsolidation blockade (Vs. paroxetine), as part of a pilot (N= 43) 13-weeks randomized controlled trial (RCT), to treat torture

survivors locally, in Nepal. Objectives entailed the capacity to recruit and train the local personnel, and social acceptability of the treatment from the patients' perspective. All feasibility/acceptability objectives were met. In addition, there was a main effect of treatment whereby both groups improved equally over time according to the clinician's perspective: 80% are much improved or better in the paroxetine group and 78% in the reconsolidation group at week 13th. Furthermore, according to self-reported distress (SCL-25), $F(2, 82) = 351$; disability (WHODAS), $F(1.8, 82) = 153$; and quality of life (WHOQOL), $F(2, 82) = 106$ (all $ps < .001$) results have shown significant improvement for both groups. Reconsolidation blockade may represent a viable treatment alternative to achieve solace from trauma-related memories in LMICs. A larger RCT would be warranted.

THU 359

Utility of Appraisals during Peri-Trauma as a Predictor of PTSS Following Pediatric Injury
(Abstract #216)

Poster #THU 359 (Clin Res, Acc/Inj, Cog/Int, Child/Adol) I - N/A

Kovalsky, Danielle¹, Hildenbrand, Aimee², Kassam-Adams, Nancy³, Barakat, Lamia⁴, Delahanty, Douglas⁵, Marsac, Meghan³

¹Center for Injury Research & Prevention, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

²Drexel University, Philadelphia, Pennsylvania, USA

³University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

⁴Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

⁵Kent State University, Kent, Ohio, USA

Every year, millions of children experience potentially traumatic injuries placing them at-risk of developing posttraumatic stress symptoms (PTSS). The peri-trauma period (i.e., the time of injury through early medical care) may represent a critical opportunity for screening and intervention by the medical team in order to identify children at risk for developing PTSS. This study examined the relationship between peri-trauma appraisals and subsequent PTSS in children following injury. Children hospitalized for injury ($N=95$; ages 8-13 years) completed self-report measures of PTSS at baseline (T1), 6-weeks (T2), and 12-weeks (T3) post-injury. Child appraisals were assessed using a self-report measure (CPTCI) and a newly developed ambiguous situations interview (TAS) administered at T1. Self-reported appraisals during the peri-trauma period significantly predicted PTSS at T2 ($b = 0.44$, $t(81) = 4.34$, $p < .01$) and T3 ($b = 0.47$, $t(66) = 3.52$, $p < .01$), yet this association did not hold after controlling for T1 PTSS. When controlling for T1

PTSS, negative appraisals on the TAS significantly predicted PTSS at T2 ($b = 2.41$, $t(81) = 2.29$, $p < .05$), but not T3. These findings suggest a complex relationship between peri-trauma appraisals and subsequent PTSS. Additional research is needed to determine how to best assess appraisals (both global and trauma-specific) in the context of trauma.

THU 360

Adolescent Risk Behaviors Contribute to Acute Post-Traumatic Stress Disorder (PTSD) Symptoms after Traumatic Physical Injury Hospitalization
(Abstract #910)

Poster #THU 360 (Clin Res, Acc/Inj, Prevent, Child/Adol) I - Industrialized

Neam, Victoria, Ingraham, Leah, Darnell, Doyanne, Wang, Jin, Kelly, Cory Michael, Zatzick, Douglas
University of Washington/Harborview Medical Center, Seattle, Washington, USA

The DSM-5 recently included risk behaviors for recurrent traumatic life events as a discreet PTSD symptomatic criterion. Using baseline data from a cohort of 120 traumatically injured adolescents enrolled in a prospective clinical study of stepped collaborative care, this investigation sought to further describe adolescent risk behaviors and examine potential associations with clinical and demographic characteristics, as well as symptoms of post-injury PTSD. Highly prevalent risk behaviors endorsed by adolescents included weapon carrying (33%) and riding in a car with a driver who had been drinking (24%); 92 % of adolescents endorsed any one of 11 risk behaviors assessed. Significant predictors of risk behaviors arose in multivariate models that adjusted for age, gender and injury severity. Most notably, a greater number of pre-injury traumatic events was associated with greater risk of weapon carrying ($RR = 1.21$, 95% CI = 1.03, 1.41), riding in a car with a drunk driver, ($RR = 1.55$, 95% CI = 1.32, 1.81), and having greater number of risk behaviors ($RR = 1.13$, 95% CI = 1.08, 1.19). Acute DSM-IV PTSD symptoms after the injury were not significantly associated with risk behaviors. Future investigations should elucidate risk behavior profiles in adolescent populations in order to inform trauma center based screening and intervention procedures.

THU 361**Discrepancies in Parent and Child Reports of Child Trauma Exposure and PTSD Symptoms**

(Abstract #920)

Poster #THU 361 (Clin Res, Assess Dx, Commun, Cul Div, Child/Adol) M - N/A**Fuller, Anne**¹, **Brewer, Stephanie**¹, **Flores, Donna**², **Weingarten, Christine**³, **Raviv, Tali**⁴, **Santiago, Catherine**¹¹Loyola University Chicago, Chicago, Illinois, USA²University of Nebraska - Lincoln, Lincoln, Nebraska, USA³DePaul University, Chicago, Illinois, USA⁴Ann & Robert H. Lurie Children's Hospital of Chicago, Feinberg School of Medicine Northwestern University, Chicago, Illinois, USA

Previous research suggests that parents' and children's reports of children's posttraumatic stress symptoms differ (e.g., Meiser-Stedman et al., 2007). Specifically, parents may underestimate their children's symptoms and exposure to trauma (Schreier et al., 2005). This study uses preliminary data from Bounce Back, a cognitive-behavioral school-based trauma intervention, to examine discrepancies in children's and parents' reports of children's experiences of lifetime trauma and current PTSD symptoms. Participants included 17 elementary school students ($M = 7.63$, 41% female, 88% Latino) who were determined to be eligible for Bounce Back based on their own reports of elevated PTSD symptoms and trauma exposure. Students were randomly assigned to immediate treatment or waitlist. Results indicated that prior to treatment, children endorsed more traumatic experiences ($M = 6.56$) relative to their parents' reports ($M = 4.94$), $t(15) = -1.96$, $p = .07$. Children also reported more severe symptoms of PTSD ($M = 34.81$) than their parents did ($M = 24.63$), $t(15) = -2.04$, $p = .06$. Post-treatment, parents' and children's reports of PTSD symptoms were more similar $t(7) = -1.18$, $p = .28$. However, reports still differed in the waitlist group, $t(6) = -2.57$, $p = .04$. Subsequent analyses will incorporate additional participants ($N = 43$).

THU 362**Exploring the Frontier of Treatment Algorithms in a Pediatric Anxiety Clinic**

(Abstract #874)

Poster #THU 362 (Clin Res, Assess Dx, Complex, Prevent, Child/Adol) M - N/A**Basile, Alex**, **Matlow, Ryan**, **Wilson, Helen**, **Zack, Sanno**, **Carrion, Victor***Stanford University School of Medicine, Stanford, California, USA*

The development of behaviorally and neurologically based treatment algorithms holds the potential to streamline the delivery of effective care to survivors of psychological trauma. An initiative toward this goal is the integration of strong research practices into a self-evaluating clinical environment. As with any major innovation, realization of this model presents many challenges. The current pilot study aims to identify these challenges while exploring the potential for future research by examining the clinical characteristics of outpatients in the pediatric Anxiety Disorders Clinic at Lucile Packard Children's Hospital. Of the 124 patients that have enrolled in the study to date, 21% have reported significant post-traumatic stress symptomology. At intake, parents and children complete a series of emotional and behavioral assessments including the MASC-2, BASC-2, TSCC, and CBCL, as well as the Anxiety Disorders Interview Schedule (ADIS). Data from these assessments is aggregated and analyzed by research staff to evaluate the congruence between standardized assessments and clinicians' interpretations of symptoms. Future directions, including the integration of novel neuroimaging techniques as supplemental diagnostic tools, a longitudinal follow up, and a data update from the ongoing study, will be discussed.

THU 364**Suicidal and Non-Suicidal Thoughts and Behaviors among Adolescent Survivors of Commercial Sexual Exploitation Living in Cambodia**

(Abstract #330)

Poster #THU 364 (Clin Res, CPA, CSA, Complex, Rape, Child/Adol) I - E Asia & Pac**White, Kirsi***University of Utah, Salt Lake City, Utah, USA*

Commercial sexual exploitation (CSE) is correlated with high rates of posttraumatic stress disorder. PTSD is a well-established risk factor in suicidal thoughts and behaviors, but to date there are few studies examining these issues among survivors of CSE. The purpose of the current study is to assess the relationships among suicidal ideation and suicide attempts with trauma among adolescent female survivors of CSE in Cambodia. Using the Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock et al., 2007), we assessed the prevalence of suicidal ideation within a sample of commercially exploited children in Cambodia as a part of a pilot study evaluating the feasibility of cognitive processing therapy (CPT) for the treatment of PTSD among 13 adolescent female survivors of CSE (age range: 14 to

19 years old). To see if there is change in suicidal ideation from the baseline assessment to the completion of the study, we will look at the 13 participants' responses to SITBI items at baseline, 1 week follow up, and 3 month follow up. The results in the current study will provide information on rates of suicidal thoughts and behaviors in a unique sample of adolescents, and will provide preliminary information about the effectiveness of CPT for reducing suicidal thoughts and behaviors in this population.

THU 365

Dissociation and Affect Regulation: Do PTS Symptoms Matter?

(Abstract #884)

Poster #THU 365 (Clin Res, CPA, CSA, Child/Adol) M - Industrialized

Burch, Berre¹, Weems, Carl², Marques, Laura¹, Leblanc, Stacie³, Jackson, Jamie⁴, Overstreet, Stacy¹
¹Tulane University, New Orleans, Louisiana, USA
²University of New Orleans, New Orleans, Louisiana, USA
³New Orleans Children's Advocacy Center, Children's Hospital, New Orleans, New Orleans, Louisiana, USA
⁴Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA

Dissociation following trauma exposure is functionally linked with down regulating the psychophysiology associated with heightened levels of anxiety and distress (Delahanty, et al., 2003); however, failure to replicate these finding (Nixon, et al., 2005) has raised questions about other influences on the relationship between dissociation and arousal. The current study examined the moderating effect of posttraumatic stress symptoms (PTSS) in the relationship between dissociation and affective arousal in a sample of 49 children (M=12.16 years; SD = 2.53 years; 88% female; 59.2% African American) participating in a forensic interview following an allegation of child maltreatment. It was hypothesized that the interaction between PTSS and dissociation would moderate the change in affective arousal immediately preceding and following the forensic interview such that as PTSS increased, dissociation's ability to down regulate affective arousal would become compromised. Hierarchical Linear Modeling (HLM) was used to test the hypothesis. Results indicated that the interactive effect of dissociation and PTSS on the change in affective arousal from pre- to post-interview was significant [coefficient = 0.05, $t(45) = 2.12$, $p > .05$]. A plot of the interaction showed that at low levels of PTSS dissociation down regulated affective arousal while high levels of PTSS yielded a slight increase.

THU 367

Strengthening Family Coping Resources: Treatment Outcome Moderators

(Abstract #174)

Poster #THU 367 (Clin Res, Chronic, Commun, Complex, Fam/Int, Child/Adol) M - Industrialized

Atzl, Victoria, Kearney, Catherine
 University of Maryland School of Medicine, Baltimore, Maryland, USA

The family system is an important influence on child and caregiver adjustment following traumatic experiences. However, many trauma interventions focus on individual level treatment rather than family focused treatment. Strengthening Family Coping Resources (SFCR) is a 15 week multi-family, skill-building intervention designed for families affected by trauma and contending with ongoing stressors (Kiser, et al., 2010). Based on child and parent self-report, child posttraumatic stress disorder symptoms decrease after completing SFCR (Kiser, et al., 2015). The proposed research will extend these findings by examining whether factors such as trauma history, trauma type, parental stress, child behavior problems and psychiatric treatment history influence treatment response. These variables are measured using the UCLA PTSD Reaction Index, the Parental Stress Inventory (PSI) and the Child Behavior Checklist (CBCL). The sample for this proposed project will include approximately 103 families from SFCR groups implemented nationally at thirteen community sites. Participants complete pre-assessments within two weeks of the first session, and follow-up assessments within one month of the final session. The findings will inform the development and implementation of SFCR and other family focused trauma treatments.

THU 368

The Effect of Social Support on the Cortisol Response in Youth Exposed to Community Violence

(Abstract #358)

Poster #THU 368 (Clin Res, Commun, Comm/Vio, Bio/Int, Child/Adol) I - Industrialized

Szczypinski, Bridget, Emhoff, Stephanie, Barry, Samantha, Lehrbach, Melissa, Rabkin, Ari, Gordis, Elana
 University at Albany, State University of New York, Albany, New York, USA

This study examines the relationship among exposure to community violence, perceived levels of social support, and hypothalamic-pituitary-adrenal (HPA)

axis function within a group of youth from a low-income population. Participants completed self-report questionnaires regarding exposure to community violence and perceived social support (N=49; mean age=10.7; 52.2% female). HPA axis function was measured by salivary cortisol concentration in response to a laboratory stress task. Results of this study indicate a sex-specific pattern of effects of perceived social support on the laboratory stress response of youth exposed to community violence. In particular, among males, the two-way interaction between exposure to community violence and perceived levels of social support significantly predicted the HPA axis response to a laboratory stressor. Though we cannot deduce causal directions, these data are consistent with the idea that exposure to community violence influences the HPA response to stress and highlights the need to understand how social support may moderate the risk of maladaptive outcomes. Community intervention efforts targeting the development of social support networks as part of a treatment for boys who are exposed to community violence may help to reduce the allostatic load on the stress response system thereby helping to buffer the negative effects.

THU 369

Traumatic Stress and Polysubstance Abuse in Adolescents: Variation in Trauma Profiles
(Abstract #1778)

Poster #THU 369 (Clin Res, Sub/Abuse, Child/Adol) M - N/A

Silman, Miriam¹, Sprang, Ginny²

¹University of Kentucky Center for the Study of Violence Against Children, Lexington, Kentucky, USA

²University of Kentucky, Lexington, Kentucky, USA

The comorbidity of post-traumatic stress and substance use disorders in adolescents with trauma exposure has been established (Najavits et al 2006; Kilpatrick et al, 2003; DeBellis, 2002). Increased risks for adolescent substance use disorder, early initiation of substance use, and other risk-taking behavior have been correlated to the amount of childhood trauma exposure (Ford et al 2010; Dube et al 2006; Dube et al 2003; MacDonald et al 2010). This study examines the relationship between adolescent polysubstance use and traumatic stress symptoms in 75 adolescents engaged in substance use intervention from across a predominantly rural southeastern state. Scores on the Childhood PTSD Symptom Scale were used to investigate if adolescent polysubstance users have different trauma profiles. Logistical regression analysis determined whether trauma symptoms serve as a predictor of polysubstance use. Hierarchical regression examined the amount of variance in type and quantity of substance use explained by trauma

symptom level. Number, types, quantity and frequency of substances use were found to vary with trauma symptom level. Implications for intervention for adolescents with comorbid trauma exposure and substance use disorder and avenues of future research will be discussed.

THU 370

Trajectory of Respiratory Sinus Arrhythmia and Treatment Outcomes with Cognitive Behavioral Therapy

(Abstract #138)

Poster #THU 370 (Bio Med, Clin Res, Health, Bio/Int, Child/Adol) - Industrialized

Lipschutz, Rebecca¹, Scheeringa, Michael²

¹Tulane University, New Orleans, Louisiana, USA

²Tulane University Health Sciences Center, New Orleans, Louisiana, USA

Previous research on neurobiological predictors in treatment studies has focused on whether pre-treatment neurobiological indices predict symptom change. Few studies have examined whether these neurobiological indices change concurrently with symptoms. Respiratory sinus arrhythmia (RSA) is a reliable measure of parasympathetic stress reactivity, and both resting RSA and RSA reactivity are physiological indicators related to children's emotion functioning and regulation. Forty-nine children who experienced at least 1 traumatic event and presented with PTSD symptoms were assessed for psychological measures and RSA at pretreatment, posttreatment and a 3-month follow up. There were no significant differences in reported PTSD symptoms between high or low resting pretreatment RSA groups and both groups were able to show significant reductions in PTSD symptoms after CBT. Analysis with repeated measures mixed models however indicated that lower resting RSA and lower RSA reactivity increased during CBT, and vice versa, so that those at the extreme ends of higher and lower indices converged in the middle by the end of treatment. This suggests a model of equifinality of multiple pathways to a common end state. Regardless of differences in physiological dysfunction of stress response systems before treatment, children may respond to CBT at both psychological and physiological levels.

THU 371**Beyond Single Main Effects: Predicting Early Treatment Response in Trauma-Exposed Youth Using Alternative Approaches to Identify Predictors**

(Abstract #139)

Poster #THU 371 (Clin Res, Clinical Practice, Prevent, Child/Adol) - Industrialized**Wamser-Nanney, Rachel**¹, **Weems, Carl**², **Scheeringa, Michael**³¹University of Missouri St. Louis, St. Louis, Missouri, USA²University of New Orleans, New Orleans, Louisiana, USA³Tulane University Health Sciences Center, New Orleans, Louisiana, USA

Identification of those who benefit from abbreviated treatment protocols (i.e., early responders) is one of the next steps in personalizing interventions. We have previously reported that lower pretreatment symptom levels of PTSD, anxiety, and depression predict early treatment response among youth receiving cognitive behavioral therapy (CBT) for posttraumatic stress disorder (PTSD) (Wamser-Nanney, Scheeringa, & Weems, 2014). New analyses examined the associations between additional predictor variables and early treatment response among 56 youth (ages 7-18; 57.1% females; 42.9% Caucasian) who completed four or more sessions of CBT for PTSD. Youth with PTSD symptoms below clinical cutoff after session 4 of a 12-session protocol were classified as early treatment responders (32% by parent reports, 44.6% by child reports). Early treatment responders were compared to non-early responders in regards to child's perceived anxiety control, maternal depression, parent-child concordance of child's symptoms, and child's resting and active heart period and respiratory sinus arrhythmia (RSA). Results will be discussed in terms of the need to further understand predictors of early treatment response in multimethod profiles beyond traditional single main effects studies for identifying youth who could benefit from abbreviated protocols.

THU 372**Cognitive Behavioral Therapy for Child Posttraumatic Stress Disorder is Associated with Reductions in Maternal Depression: Evidence for Bidirectional Effects**

(Abstract #140)

Poster #THU 372 (Clin Res, Acute, CSA, Chronic, Depr, Child/Adol) - Industrialized**Neill, Erin**¹, **Weems, Carl**², **Scheeringa, Michael**³¹Iowa State University, Ames, Iowa, USA²University of New Orleans, New Orleans, Louisiana, USA³Tulane University Health Sciences Center, New Orleans, Louisiana, USA

Cognitive behavioral therapy (CBT) is an effective treatment for posttraumatic stress disorder (PTSD) in youth but the role of parents in such treatments is only emerging. Theoretically, there may be a reciprocal relationship such that as children's symptoms improve their parents may feel better as well, and conversely as parents feel better psychologically their children's symptoms improve. This study tested if change in child PTSD symptoms mediates change in maternal depression symptoms, and vice versa, across treatment sessions. The data came from a randomized trial of treatment for PTSD and included youth (N = 47) aged 7 to 18 years old (51.1% female; 40.4% White, 40.4% Black) who had been exposed to trauma and experienced PTSD symptoms. Results indicated that maternal depression significantly decreased over the course of treatment ($p < .001$). Maternal depression also served as a partial mediator for child PTSD symptoms, and the reciprocal relationship was present (child symptom change mediated parent symptom change). Age, gender, and treatment condition did not moderate mediated effects. When asked, most mothers answered that they needed to see their children's symptoms improving in order to feel better themselves. These findings highlight the potential benefits of child therapy on parents and the reciprocal benefits of improved parent symptoms on the child.

THU 377**Intergenerational Anxiety and Depressive Symptoms within Parents and Children Involved with Child Protective Services**

(Abstract #2003)

Poster #THU 377 (Clin Res, Anx, CPA, Clin Res, Depr, Lifespan) I - Industrialized**Hammerlindle, Carol**, **Rodarte, Amanda**, **Bourgoine, Aimee**, **Pinna, Keri**

St. Catherine University, St. Paul, Minnesota, USA

The relation of parental and child symptoms of anxiety and depression have been well-established (Fox et al., 2012). Both parent and child symptoms have been shown to improve in response to evidence based parenting interventions (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). Changes in such symptoms in the context of child maltreatment are less well understood. The objective of this study is to examine the relation of parental and child anxiety and depressive symptoms in the context of a small

feasibility trial (N = 20) of the Positive Parenting Program (Triple P), as it was delivered with families involved with Child Protective Services. Preliminary results suggest that parent and child depression was correlated prior to Triple P $r = .47$, $p = .04$, but not following Triple P $p = .07$. Parent and child anxiety was not significantly correlated either prior to or following Triple P $ps > .68$. Examination of change in parent and child symptoms from pre- to post-Triple P suggested a significant reduction in child anxiety $t(13) = 2.79$, $p = .02$, but no significant change in parent anxiety, or depressive symptoms in either parents or children $ps > .12$. Implications for parenting interventions with maltreating families will be discussed, in the context of limitations inherent in the very small sample size, and reliance on parent report of child symptoms.

THU 378
Maternal Childhood Trauma Predicts Her Child's Anxiety: The Mediating Role of Parenting Behaviors
 (Abstract #930)

Poster #THU 378 (Clin Res, Anx, CPA, Clin Res, Intergen, Lifespan) I - N/A

Cao, Minhnguyen¹, Cross, Dorthie², Roffman, Rebecca², Bradley, Bekh³, Jovanovic, Tanja²
¹Emory University, Atlanta, Georgia, USA
²Emory University School of Medicine, Atlanta, Georgia, USA
³Atlanta VAMC/Emory University, Decatur, Georgia, USA

Childhood trauma has long term negative consequences on mental health. Our previous research suggests that maternal childhood abuse had transgenerational effects by increasing anxiety in her children. The current study aimed to investigate parenting variables as mediating factors between maternal childhood trauma and child physiological anxiety. The study recruited 67 mother-child pairs from a highly traumatized urban population. We examined parenting using both self-report and observational methods. The outcome variable was child's dark-enhanced startle (DES) response measured during the delivery of acoustic probes. Effects were examined separately in boys ($n=36$) and girls ($n=31$). We found that maternal overreactivity was positively correlated with DES in boys ($r=0.35, p<0.05$) and maternal parenting distress was positively correlated with DES in girls ($r=0.39, p<0.05$). In the observational task results showed that mother's negative affect was correlated with DES in boys ($r=0.57, p<0.05$) and mother's anxious behavior was correlated with DES in girls ($r=0.60, p<0.05$). When parenting variables were entered into a linear regression with maternal childhood trauma predicting

DES, maternal trauma was no longer a significant predictor. These results suggest that the association between maternal childhood trauma and her child's physiological anxiety may be mediated by negative parenting.

THU 379
Is There Empiric Evidence for a Universal Posttraumatic Stress Disorder Factor Structure? A Systematic Review
 (Abstract #1749)

Poster #THU 379 (Clin Res, Assess Dx, Health, Pub Health, Theory, Lifespan) M - Global

Hermosilla, Sabrina¹, Sampson, Laura², Galea, Sandro²
¹Columbia University School of Public Health, New York, New York, USA
²Boston University, Boston, Massachusetts, USA

Complexity in posttraumatic stress disorder (PTSD) symptom presentation limits clinical practice. Identifying a universal, empirically supported model would strengthen cross-study comparisons, guiding practice. We systematically reviewed the empiric literature from PubMed and PsychINFO on PTSD symptom structure to identify a universal PTSD structure. 40 (3%) of 1,249 citations (1980-2014) provided PTSD structure estimates. Studies were largely from United States' samples (70%), of unspecified potentially traumatic event(s) (17%), sample sizes from 111-12,443, and response rates from 22%-96%. The Posttraumatic Checklist-Civilian Version (38%) and confirmatory factor analysis (73%) were most common instrument and analytic method. Clear consensus exists around factor components of PTSD (98%:arousal and avoidance factors, 95%:intrusion or re-experiencing factor, 93%:emotional numbing factor). Significant heterogeneity in underlying factor structures of PTSD remains, the 4-factor King 1998 (30%:avoidance, hypervigilance, emotional numbing, re-experiencing) and Simms 2002 (20%:avoidance, dysphoria, hyperarousal, intrusion) models fit study data better than other 152 specified. While a universal understanding of specific operationalization of structure of PTSD, supported by empiric literature is absent; consistency of main factors across models could guide program development.

THU 380**Maternal Childhood Trauma and Risk for Later Having a Child with Asthma**
(Abstract #729)**Poster #THU 380 (Clin Res, CPA, Complex, Ethnic, Health, Lifespan) I - Industrialized****Robinson, Gabriella**¹, Cross, Dorthie¹, Ressler, Kerry¹, Jovanovic, Tanja¹, Bradley, Bekh²¹Emory University School of Medicine, Atlanta, Georgia, USA²Atlanta VAMC/Emory University, Decatur, Georgia, USA

Asthma is one of the most common illnesses affecting children and youth in the United States. Studies show that maternal mental health is associated with her child's asthma morbidity. This study examined maternal childhood trauma as a risk factor for later having a child with asthma. For the current study, mother-child dyads were recruited from two neighboring urban hospitals, which service a predominantly low-income, ethnic minority, highly traumatized civilian population. Thirty-seven African American women who were biological mothers and legal guardians to a child 8-12 years old provided self-report of trauma, PTSD, and depression. Mothers also reported on whether their child had asthma. Children provided self-report of trauma and PTSD symptoms. A binary logistic regression predicting presence/absence of child asthma based on maternal childhood trauma, PTSD, and depression and child age, sex, trauma, and PTSD showed that only maternal childhood trauma predicted greater likelihood of having a child with asthma, $p < .05$. In a smaller sample of mothers who provided health data ($N=29$), we ran the analyses again, controlling for whether the mother reported that she currently uses tobacco. Maternal childhood trauma remained a significant predictor of childhood asthma. Our study suggests that maternal childhood trauma is a significant risk factor in later having a child with asthma.

THU 381**PTSD Interventions for Police Officers: A Systematic Review**

(Abstract #44)

Poster #THU 381 (Clin Res, Clinical Practice, Other) M - N/A**Bisson Desrochers, Alexandra**¹, Escalona, Sarah Rache², Monson, Eva³, Descamps, Melanie¹, Lonergan, Michelle³, Brunet, Alain³¹Douglas Mental Health University Research Institute/McGill University, Montréal, Quebec, Canada²Douglas Hospital Mental University Institute, McGill University, Montréal, Quebec, Canada³McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada

By the very nature of their work, police officers are directly or vicariously exposed to traumatic events and may therefore be at an increased risk of developing posttraumatic stress disorder (PTSD; Collins & Gibbs, 2003). Even today, the stigma and guilt associated with seeking psychological help is ever present in the police force (Violanti & Samuels, 2007). Despite the fact that several treatments have been found to be effective in alleviating PTSD symptomatology, little research has examined the validity of treatments for police officers. Thus, the purpose of this paper is to review the available literature examining PTSD treatments for police workers. We searched for articles within the PsycINFO, PILOTS and PubMed electronic databases. The majority of articles on this topic are case studies about cognitive-behavioral interventions, eye movement desensitization and reprocessing therapy or a mix of both. So far, only two controlled studies are available. This systematic review sheds light on the need for randomized clinical trials in the field of treatment research for police officers with PTSD. Clinical implications regarding the treatment of police officers with PTSD are discussed at length. The review also provides directions for future research in order to better adapt the treatment of PTSD.

THU 382**A Small Randomized Pilot Study of Workplace iRest Intervention for Mental Health Professionals of an Academic Medical Center**

(Abstract #767)

Poster #THU 382 (Clin Res, Health, QoL, Self-Care, Prof) M - Industrialized**Duchemin, Anne-Marie**, Shackelford, Lee, Koeppel, Olivia

The Ohio State University, College of Medicine, and Stress, Trauma and Resilience Program, Columbus, Ohio, USA

Health care personnel are at high risk of exposure to direct or secondary trauma as they care for seriously ill patients. To increase resilience, an 8-week iRest weekly group intervention was offered on site to the personnel of the psychiatric hospital of a large medical center. iRest, based on yoga nidra, was developed by Richard Miller to promote states of mindfulness and deep relaxation. Participants ($n=35$) were randomized to intervention or waitlist groups to control for work environment variability, with stratification by gender and type of job. Assessments

were performed one week before and one week after the 1st and last iRest group session. Although not reaching statistical significance ($p=0.06$), scores on the DASS stress scale decreased by 24% in the iRest group with no changes in the control group between the 1st and 2nd assessments. Scores on the burnout subscale of the Professional Quality of Life questionnaire decreased significantly ($p=0.03$) and scores on the self compassion scale increased significantly ($p=0.03$) in the iRest group with no changes in the control groups. Quality of sleep also improved significantly in the iRest group ($p=0.02$) with no changes in the waitlist group. This pilot study suggests that providing mind-body interventions at the work place is feasible and may decrease the risk of burnout among mental health professionals.

THU 383

Trauma Exposure and Consequences in a Diverse Community Sample of Older Adults (Abstract #408)

Poster #THU 383 (Clin Res, Chronic, Complex, Aging, Older) - Industrialized

DePrince, Anne, Hasche, Leslie, Srinivas, Tejas, Gagnon, Kerry
University of Denver, Denver, Colorado, USA

Despite recent research pointing to the serious public health problem of abuse, neglect, and exploitation of older adults, the field knows relatively little about risk factors and consequences for maltreatment late in life. Abuse in the older adult years can occur at the nexus of multiple oppressions, such as age, ethnicity, and poverty. This paper describes a collaboration between researchers and an interdisciplinary coalition of legal, adult protective services, intimate partner violence, and senior service agencies to identify risk factors for and mental health consequences of abuse, neglect, and financial exploitation in a diverse sample of older adults. Participants included 99 adults (age 60 and older; majority female, widowed, African American) recruited in a larger urban center. Using data from in-home interviews, risk factors including previous violence exposure, cognitive capacity, physical and functional dependence and social support were assessed in relation to recent trauma exposure. Older adults' reports of recent exposure to abuse, neglect, and exploitation were positively linked with mental health symptom severity (e.g., depression, PTSD) as well as posttrauma appraisals (e.g., fear, alienation). Implications for policy and practice will be discussed.

THU 384

Mental Health Treatment for Older Veterans Newly Diagnosed with PTSD: Evidence for Age-Related Disparities (Abstract #409)

Poster #THU 384 (Clin Res, Mil/Vets, Aging, Older) - N/A

Smith, Noelle¹, Cook, Joan², Pietrzak, Robert³, Hoff, Rani¹, Harpaz-Rotem, Ilan¹

¹*Yale University School of Medicine, National Center for PTSD, West Haven, Connecticut, USA*

²*Yale School of Medicine, West Haven, Connecticut, USA*

³*National Center for PTSD, West Haven, Connecticut, USA*

Older veterans are the largest cohort served by the U.S. Department of Veterans Affairs. The study's objectives was to examine mental health service utilization among older veterans recently diagnosed with posttraumatic stress disorder (PTSD), with an interest in sociodemographic and clinical characteristics related to receipt and type of mental health treatment. **METHODS:** participants were 96,249 veterans ages 50+ who received a new diagnosis of PTSD between Fiscal Years 2008-2011. Demographic/clinical characteristics and treatment variables (receipt of mental health treatment; number of days before first appointment; receipt of psychotherapy, medication, or combination treatment; number of psychotherapy visits) were assessed. **RESULTS:** Increasing age was associated with decreased odds of receipt of any type of mental health treatment, whereas psychiatric co-morbidities and greater number of medical appointments were associated with increased odds of treatment. Increased age was also associated with decreased odds of receiving both psychotherapy and pharmacotherapy, decreased number of psychotherapy visits and increased waiting times. **CONCLUSIONS:** These results indicate there may be age-related disparities in the care provided to older veterans.

THU 385

Impact of Trauma in Late Life Functioning: Exploration of Psychological Flexibility and Health (Abstract #410)

Poster #THU 385 (Clin Res, Clin Res, Aging, Older) - N/A

Walser, Robyn¹, Oser, Megan²

¹*National Center for PTSD, Dissemination and Training Division University of California, Berkeley,*

Menlo Park, California, USA

²Academic Medical Center, Boston, Massachusetts, USA

Research regarding the longitudinal repercussions of trauma and its impact on aging is only beginning to flourish. PTSD in the elderly population is largely “silent”, indicating that more awareness and better assessment are essential. Current research suggests that PTSD symptoms impact health in late life and that the stressors of old age also contribute to increased PTSD symptoms. Patterns regarding the course of PTSD in aging individuals have differed and are described as being persistent and stable, highest shortly after the trauma, declining over the years, and increasing in late-life, and appearing as late-onset PTSD. These various patterns of PTSD symptoms illustrate the complexity of PTSD and leave numerous questions and variables to consider in understanding PTSD in late life. We examined the impact of trauma on late-life psychological and physical health functioning among older female Veterans (n = 48) who served in the military, or participated in a military life-style and older male Veterans (n = 38). Coping styles such as psychological flexibility, thought suppression, and mindfulness were assessed in relation to symptoms of PTSD and health. Significant relationships were found indicating that increased flexibility, lower suppression, and greater mindfulness were associated with less symptomatology. Clinical and research implications will be discussed.

been found to be necessary in maintaining a positive healthcare relationship and to ensure adherence to treatment (Hall et al., 2001). Individuals who have experienced trauma are less likely to trust others (Gobin & Freyd, 2013) and may be less likely to trust their doctor, leading to poorer health. The purpose of the current study was to analyze the effect of childhood trauma and ACEs on patient healthcare experiences in a population with a chronic health condition. Results of the online survey found that ACE's predicted doctor trust, non-adherence to treatment, and moderately predicted healthcare relationships, whereas childhood trauma only had a significant impact on non-adherence. The discussion gives insight into the consequences of prolonged ACE's, and how they appear to have a greater impact on patient-provider relationships than childhood traumatic events.

THU 386

The Effects of Adverse Childhood Experiences and Childhood Trauma on Adult Healthcare Relationships in a Sample of Patients with Chronic Medical Conditions (Abstract #577)

Poster #THU 386 (Clin Res, CPA, Health, Neglect, Care, Adult) I - Industrialized

Mutschler, Christina ¹, Tamaian, Andreea², Klest, Bridget²

¹Ryerson University, Department of Psychology, Toronto, Ontario, Canada

²University of Regina, Regina, Saskatchewan, Canada

Research has indicated that adverse childhood experiences (ACEs) such as neglect, abuse, household dysfunction, and trauma increase the risk for major health problems (Felitti et al., 1998). Additionally, research has shown that there is a strong association between ACEs and healthcare utilization (Chartier, Walker, & Naimark, 2010), which brings to question the quality of relationships among childhood trauma and neglect survivors and their medical providers. Trust in a medical provider has

CULTURE/DIVERSITY, GLOBAL ISSUES, JOURNALISM & TRAUMA

THU 387

Trauma Focused Therapy for American Muslim Immigrants: No Basics to Get Back to

(Abstract #1112)

Poster #THU 387 (CulDiv, Clin Res, Clinical Practice, Ethics, Ethnic, Adult) I - Industrialized

Phillips, David, Poehacker, Stefanie, Lauterbach, Dean
Eastern Michigan University, Ypsilanti, Michigan, USA

American Muslim immigrants are a growing population within the United States that is currently experiencing considerable discrimination. Islamophobia has become most evident in the United States in the wake of the September 11th attacks when the prevalence of discrimination increased dramatically (Council of American Islamic Relations [CAIR], 2003, 2010). Perceived racism and discrimination have profound deleterious consequences for American Muslim immigrants (Padela & Heisler, 2010, Abu-Ras & Saurez, 2009; Amer, 2005). Furthermore, some immigrants move from areas of political and social strife where they have experienced trauma. Thus, it is imperative that empirical clinical methods are developed for this population. This poster presents evidence that there is a staggering absence of clinical research focused on American Muslim immigrants. An exhaustive systematic review of PTSD efficacy literature in Pubmed, Pilots, the Cochrane Library, and PsychInfo located no studies on domestic Muslim groups. In a more general review, no randomized controlled trials of any treatment for any disorder were located. This poster highlights the mental health needs of this vulnerable population, discusses barriers to care, and concludes with recommendations for research in the areas of treatment efficacy and treatment utilization.

THU 388

VA Educational and Occupational Service Use among Trauma-Exposed OEF/OIF Ethnic Minority Veterans

(Abstract #1027)

Poster #THU 388 (CulDiv, Clinical Practice, Comm/Int, Ethnic, QoL, Adult) I - Industrialized

Mendoza, Melissa¹, Smith, Brian², Vogt, Dawne²
¹National Center for PTSD at VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

²National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

The military is an especially important institution for ethnic minorities, and multiple studies suggest that post-deployment benefits may serve as a source of social mobility. While numerous VA programs are available to Veterans, the extent to which these services address their needs is not well-understood. As part of a longitudinal study, a socio-demographically diverse sample of 470 trauma-exposed OEF/OIF Veterans were surveyed approximately two years after returning from deployment, and then again two years later. The present study examined VA educational and occupation service use among ethnic minority (34%) and non-ethnic minority (66%) Veterans. Ethnic minorities were more likely than non-ethnic minorities to access both VA educational benefits ($X^2(1) = 14.03, p < .01$) and occupational services ($X^2(1) = 4.66, p < .05$). Among those Veterans who accessed VA educational benefits, ethnic minorities were significantly more likely to use educational benefits to pursue a bachelor or graduate degree ($X^2(1) = 12.31, p < .01$). These findings are commensurate with literature that suggests that among ethnic minority Veterans, the military can provide a foundation for continued educational and career choices that hold implications for work-related quality of life and community reintegration after exposure to war-related trauma.

THU 389

Perception of Racially Hostile Environment and Race-Related PTSD among College Students

(Abstract #1510)

Poster #THU 389 (CulDiv, Chronic, Adult) - Industrialized

Waelde, Lynn, Tormala, Teceta, Macia, Kathryn, Gonzalez, Valerie
Palo Alto University, Palo Alto, California, USA

Previous research demonstrates that race-related stress (RRS) is associated with PTSD, though the mechanisms are unclear. Perception of racist environment (PRE) may produce a sense of pervasive threat and lead to PTSD similarly to other negative posttraumatic cognitions, particularly when the threat is self-relevant (PRE-Self) rather than generic racial hostility (PRE-Race). A weak sense of affiliation and belonging to one's own ethnic group and exposure to RRS may strengthen this effect. College students may be particularly vulnerable because of fewer supports on campus than in their home contexts. In an ethnically diverse sample of $N =$

831 undergraduates (20% Caucasian), simultaneous multiple regression analyses testing main effects and interactions among RRS, PRE-Self or PRE-Race, and ethnic affiliation showed that weaker ethnic affiliation/belonging strengthened the relationship between PRE-Self (but not PRE-Race) and PTSD symptoms, and this effect was especially pronounced for those with relatively higher levels of RRS. These results suggest that perception of the environment as racially biased and threatening to oneself may be an important cognitive mechanism in race-related PTSD that is exacerbated in contexts of RRS. Interventions that promote positive ethnic identity may promote college students' resiliency in the face of racially hostile environments and RRS.

THU 390

Asylum Seeking and Trauma among Central American Immigrants Arriving at the U.S. Border

(Abstract #1824)

Poster #THU 390 (Global, Chronic, Cul Div, Rights, Social, Adult) I - Global

Joscelyne, Amy¹, Granski, Megan², Rosenfeld, Barry³, Keller, Allen¹

¹New York University School of Medicine, New York, New York, USA

²NYU School of Medicine, Bellevue/NYU Program for Survivors of Torture, New York, New York, USA

³Fordham University, New York, New York, USA

An unprecedented migration surge saw an estimated 120,000 individuals crossing the U.S. – Mexico border between October 2013 and September 2014. Despite an absence of epidemiologic data describing the reasons for fleeing their home countries, the U.S. government characterizes the situation as a problem with “illegal immigration” and sees enhanced border security as the solution. We developed a survey aimed at identifying the factors that are driving this migration surge and to describe the mental health profile of new arrivals. 235 adults from Honduras, El Salvador and Guatemala completed the interviews, with more than 30% meeting criteria for PTSD. We also developed an index to determine whether individuals met asylum seeker criteria which consisted of four criteria: (i) violence and persecution in their home country, (ii) trauma exposure, (iii) no legal recourse to address experiences of violence and persecution, and (iv) fear of returning to the home country. Results showed that 80% of individuals from El Salvador, 41% of individuals from Guatemala, and 74% of participants from Honduras met all four criteria, suggesting that a large proportion of Central Americans arriving at the U.S. border warrant further consideration of their asylum seeker status. This presentation will highlight the importance of

psychological research informing decision makers in immigration policy

THU 391

West Africa Ebola Outbreak: The Trauma Signature

(Abstract #890)

Poster #THU 391 (Global, Comm/Int, Death, Illness, Pub Health, N/A) I - W & C Africa

Shultz, James¹, Baingana, Florence², Espinel, Zelde¹, Mazurik, Laurie³, Helpman, Liat⁴, Neria, Yuval⁵

¹University of Miami Miller School of Medicine, Miami, Florida, USA

²Makerere University, Kampala, Uganda

³Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada

⁴Columbia University Department of Psychiatry and New York State, New York, New York, USA

⁵Columbia University and New York State Psychiatric Institute, New York, New York, USA

Introduction: The West Africa Ebola virus disease (EVD) pandemic dwarfed all previous outbreaks, surging through urban populations in Guinea, Sierra Leone, and Liberia, generating more than 24,000 cases (10,000 deaths) in the first 16 months. WHO vividly described how fear behaviors propelled virus transmission. Methods: Trauma signature (TSIG) analysis is an evidence-based method that explores the nexus of disaster exposures and psychological consequences to provide actionable guidance for effective mental health and psychosocial support (MHPSS), tailored to the defining features of the event. For West Africa Ebola, the TSIG process consisted of identifying unique characteristics of the outbreak and creating a hazard profile, psychological stressor matrix, and trauma signature summary for outbreak-affected nations. Results: TSIG analyses highlight how fear reactions elevated risks for EVD propagation and psychological consequences, yet evidence-based MHPSS and policy planning have been missing links in outbreak response. EVD is a dread disease; fear reactions are expectable, pervasive, and likely to exacerbate current and future disease spread. Conclusions: TSIG analyses indicate that MHPSS approaches must complement medical response to diminish preventable viral transmission and to support the psychological needs of EVD patients, health care workers, and family members.

THU 392**Symptom Profiles and Comorbidity of Trauma Related Psychopathology in Post-Genocide Rwanda: A Latent Profile Analysis**
(Abstract #1761)**Poster #THU 392 (Global, Surv/Hist, Grief, Adult) M - E & S Africa**

Fodor, Kinga¹, Neugebauer, Richard², Pozen, Joanna³, Sezibera, Vincent⁴, Ntaganira, Joseph⁴
¹Semmelweis University, Budapest, Pest, Hungary
²Columbia University and New York State Psychiatric Institute, New York, New York, USA
³Columbia University, New York, New York, USA
⁴National University Of Rwanda, Butare, Southern Province, Rwanda

Symptoms of posttraumatic stress disorder (PTSD), depression, and prolonged grief frequently co-occur, especially when traumatization involves sudden, violent loss of a close relative. The 1994 Rwandan genocide involved inconceivable violence and left many in grief. We examined patterns of PTSD, depression and prolonged grief symptoms in a sample of Rwandan adults with genocidal trauma to evaluate the extent to which survivors primarily reported symptoms of all disorders or whether there were meaningfully distinct subgroups with discordant PTSD, depression and grief symptoms. Five hundred Rwandan adults were interviewed in 2011. Latent profile analysis was used to examine PTSD, depression and prolonged grief symptoms. Results and implications will be discussed in the presentation.

THU 393**An Exploration of Severe and Prolonged Trauma among LGBT Refugees/Asylees: Implications for Providers and Policymakers**
(Abstract #1093)**Poster #THU 393 (Global, Chronic, Clinical Practice, Rights, Orient, Adult) M - Global**

Alessi, Edward¹, **Kahn, Sarilee**²
¹Rutgers University, Newark, New Jersey, USA
²McGill University, Montreal, Quebec, Canada

The number of lesbian, gay, bisexual, and transgender refugee/asylum seekers in the U.S. and Canada is growing rapidly (ORAM, 2012); however, scholars have only just begun to explore the effects of victimization on the mental health of this vulnerable population (Shildlo & Aloha, 2013). This study used qualitative methods to explore lifetime victimization experiences and self-reported mental health problems among 26 individuals granted refugee/asylee status in

the U.S. (n=16) or Canada (n=10) on the basis of sexual orientation or gender identity. Participants (gay=20; lesbian=2; transgender=4) originated from Africa, Eastern Europe, the Caribbean, Latin America, and the Middle East and ranged in age from 21-49. We used the phenomenological approach (Moustakas, 1994) to analyze in-depth interviews lasting 75 to 120 minutes. Analysis revealed two themes: struggling to survive and nowhere to turn. Participants experienced severe and prolonged verbal, physical, and sexual abuse by family/community members, police, and state officials in their home country. Symptoms of depression, anxiety, and PTSD complicated adjustment to the host country. Moreover, participants lacked many of the protective factors shown to mitigate the effects of trauma in the general refugee population (Birman & Tran, 2008). We discuss implications for practice and policy with this population.

THU 394**Trauma, Substance Use and HIV Risk Behavior among Female Fish Traders from the Kafue Flatlands in Zambia**
(Abstract #1108)**Poster #THU 394 (Global, Cul Div, Health, Sub/Abuse, Grief, Adult) M - E & S Africa**

Michalopoulos, Lynn¹, **Baca-Atlas, Stefani**², **Ncube, Alexander**³, **Simona, Simona**⁴
¹Columbia University, New York, New York, USA
²University of Maryland School of Social Work, Baltimore, Maryland, USA
³Columbia University, Lusaka, Zambia
⁴University of Zambia, Lusaka, Zambia

In Western settings, the relationship between trauma history, posttraumatic stress disorder, substance use, and HIV risk behavior, is well established (El-Bassel et al., 2011). Although female fish traders in Zambia are affected by HIV at rates estimated to be 4-14 times higher than the national prevalence (Kissling et al., 2005), no studies have examined the co-occurring issues of trauma, substance use and HIV risk behavior among this vulnerable population. The current study aims to examine the relationship between these co-occurring issues among female fish traders from the Kafue Flatlands in Zambia. Twenty semi-structured qualitative interviews and a focus group (n=12) were conducted with female fish traders. Domain analysis was used to explore the data. Preliminary findings suggest that female fish traders in Zambia are at risk for multiple traumatic experiences (e.g., gender-based violence, river accidents, AIDS-related deaths), trauma symptoms including local idioms of distress (e.g., thinking too much, hatred in the heart), substance use (e.g., alcohol, cocaine use, local synthetic drugs), and HIV

risk behaviors (e.g., inconsistent condom use, transactional sex for fish and transport). The indication of these co-occurring issues has major implications for trauma-informed HIV prevention research with female fish traders in Zambia.

THU 395
Symptoms of Posttraumatic Stress
Predictive of Occupational Impairment
among a Sample of Journalists
 (Abstract #1475)

Poster #THU 395 (Journalism and Trauma, Health, Journalism, Sleep, Adult) M - Global

Drevo, Susan, Patel, Anushka, Cook, Nigel, Newman, Elana, Parker, Kelsey, Brummel, Bradley
The University of Tulsa, Tulsa, Oklahoma, USA

A growing body of literature documents that journalists are at an increased risk of trauma exposure and trauma-related reactions as a result of their routine news gathering. However, the impact that symptoms of posttraumatic stress (PTS) have on a journalist's ability to perform optimally on the job remains largely unexamined. This study examined whether PTS severity predicted occupational dysfunction (e.g., missed deadlines and exhaustion at work) in a sample of 154 English-speaking journalists. Regression analyses revealed a statistically significant prediction model [$F(1, 152) = 20.99, p < .001$] explaining approximately 12% of the variance, with severity of symptoms of posttraumatic stress significantly predicting occupational dysfunction ($\beta = -.35, p < .001$). Secondary analyses using the DSM-5 PTSD symptom clusters indicated that only the arousal subscale significantly predicted occupational dysfunction ($\beta = -.30, p < .05$), with "trouble falling or staying asleep" being the most frequently endorsed symptom in this cluster (~70%). Forty-three percent of those individuals reported their sleep disturbance as a moderate-severe problem. These results suggest that journalists who experience PTS, particularly arousal symptoms, may be at heightened risk for occupational impairment. Promoting sleep intervention with this population may optimize job performance.

SOCIAL ISSUES – PUBLIC POLICY

THU 396
Prevalence of Posttraumatic Stress Symptom
Clusters, Interpersonal Trauma, and their
Relationship to Drug and Alcohol Use
Problems among an International Sample of
Latino Immigrants
 (Abstract #686)

Poster #THU 396 (Social, Clin Res, Cul Div, Global, Pub Health, Adult) M - Industrialized

Ramos, Zorangeli¹, Fortuna, Lisa², Alegria, Margarita²

¹*Cambridge Health Alliance | Harvard Medical School, Cambridge, Massachusetts, USA*

²*Cambridge Health Alliance | Harvard Medical School, Somerville, Massachusetts, USA*

Purpose: We identify the prevalence and correlates of PTSD symptom clusters, interpersonal trauma, and their association to alcohol and drug use problems in a sample ($n = 567$) of an epidemiological study of Latino immigrants in the United States and Spain. **Methods:** We ran multiple logistic models to predict odds of being positive for alcohol and drug problem using PTSD symptom clusters, socio-demographics, screening measures (PCL-5, BTQ, AUDIT, DAST), and trauma type. Prevalence of PTSD symptoms varied by site (54% in Boston, 48% in Madrid and, 44% in Barcelona). Screening positive for clinical and substance measures was significantly correlated to screening positive on the PCL. Individuals meeting criterion C of PTSD (numbing and avoidance) had increased odds of alcohol misuse, while those meeting criteria B (re-experiencing) had increased odds of drug misuse ($p < 0.001$). We observed gender differences for females with criterion C. Interpersonal trauma was associated with increased odds of both alcohol and drug problems. **Conclusions:** The prevalence of PTSD symptoms in this international sample is relatively high. Certain PTSD clusters may differentially pose a risk for alcohol vs. drug misuse. This study highlights the need for dual pathology treatment among immigrant Latinos with interpersonal trauma exposure, and male gender.

THU 397
Radiation Exposure Level Is Not Associated
with Mental Health Outcomes among the
Fukushima Nuclear Plant Workers: the
Fukushima NEWS Project Study
 (Abstract #1646)

Poster #THU 397 (Social, Bio Med, Illness, Pub Health, Tech/Dis, Adult) M - Industrialized

Shigemura, Jun¹, Tanigawa, Takeshi², Takahashi, Sho³, Takahashi, Yoshitomo³, Nomura, Soichiro¹, Yoshino, Aihide¹

¹National Defense Medical College, Tokorozawa, Saitama, Japan

²Juntendo University, Tokyo, Japan

³University of Tsukuba, Tsukuba, Ibaraki, Japan

Introduction: Since the 2011 Fukushima nuclear disaster, ongoing radiation fear has been causing substantial disruption to the affected region. The Japanese government limits an annual RD to <1 millisievert (mSv) among the general public, but this threshold has been controversial. Nuclear plant workers did not report short-term radiation symptoms, but were exposed to higher radiation dose (RD) than the general victims. **Methods:** A total of 1188 Fukushima plant workers were assessed 2-3 months (T1) and 14-15 months (T2) post-disaster. **Demographics and disaster-related exposures** were assessed at T1. At T2, accumulative RD was evaluated, as well as psychological distress, depressive symptoms, posttraumatic stress symptoms, and alcohol misuse, using the K6, CES-D, IES-R, and CAGE scores, respectively. Bivariate and multivariate analyses were conducted to seek the relations between RD and mental health outcomes. **Results:** The workers were exposed to 35.8±47.0 mSv of radiation, and 84 (5.7%) of them were exposed to ≥100 mSv. RD was neither associated with K6, CES-D, IES-R, nor CAGE. RD showed a mild correlation with IES-R ($r = .08$, $p = .008$), although this significance was diminished after adjusting for their demographics and disaster exposure experiences. **Conclusion:** Radiation exposure level was not relevant to Fukushima nuclear plant workers' mental health 14-15 months post-disaster.

THU 399

Delayed Disclosure of Sexual Abuse: Correlates and Self-reported Reasons for Delayed Disclosures Among Sexual Abuse Survivors in Norway

(Abstract #1865)

Poster #THU 399 (Social, CSA, Rape, Adult) M - Industrialized

Steine, Iris, Winje, Dagfinn, Nordhus, Inger Hilde, Milde, Anne Marita, Grønli, Janne, Pallesen, Ståle
University of Bergen, Bergen, Norway

Study aim. The aim of this study was to examine correlates of delayed disclosure of sexual abuse, and to explore self-reported reasons for delayed disclosure in a Norwegian sample of sexual abuse survivors. **Methods.** 508 sexual abuse survivors responded to the first wave of a longitudinal study

among support center users. The explorative study subsample comprised those who responded to the second ($n=233$) and third ($n=194$) wave of the study. **Results.** Correlates of delayed disclosure. Mean number of years from the first abusive incident to disclosure of the abuse was 17, 2 years. A lower age at the first abusive incident was associated with longer abuse duration and longer delays in disclosure. Longer delays in disclosure were further associated with reporting more symptoms of posttraumatic stress, anxiety, depression and insomnia. Explorative study. The majority provided several reasons for delayed disclosures. The most frequent reported reasons were feelings of guilt, fear of disbelief, attempts to forget about the abuse, lack of concepts to understand or talk about the abuse, lack of knowledge about who to disclose to, threats from the perpetrator, and fear of negative consequences following disclosure. Implications for policies for prevention and early detection of sexual abuse are discussed.

THU 400

Acceptance of Social Changes and Post-traumatic Stress: Research Findings Indicate the Role of Social Cognition

(Abstract #1993)

Poster #THU 400 (Social, Cul Div, Theory, Adult) M - Industrialized

Kazlauskas, Evaldas, Zelviene, Paulina, Eimontas, Jonas
Vilnius University, Vilnius, Lithuania

Background: Social support and other social factors are significant predictors of PTSD. Furthermore, PTSD can have impact on interpersonal relationships and social cognition. We propose, that cognitions about social changes can be significantly related with post-traumatic stress. **Methods:** 831 participants (57.9 % women, 42.1 % men) mean age mean 39.8 years (range 18 - 89) completed self-report questionnaires. Acceptance of social changes were measured with Acceptance of Social Changes Inventory (SOCHI) developed by the authors of this study. PTSD symptoms were measured using Lithuanian version of Impact of Event-Scale revised. This research was funded by a grant (No. MIP-079/2014) from the Research Council of Lithuania. **Results:** We found significant correlation between post-traumatic stress and acceptance of social changes. Regression analysis revealed that acceptance of social changes significantly predicted the variance of PTSD reactions. We conclude, that our findings indicate that acceptance of social changes is significant psychosocial factor of PTSD.

THU 401**Patterns of Occupational and Non-occupational Trauma Exposure in Canadian Military Personnel**

(Abstract #614)

Poster #THU 401 (Res Meth, Health, Mil/Vets, Adult) M - Industrialized*Bennett, Rachel, **Zamorski, Mark****Department of National Defence, Ottawa, Ontario, Canada*

Background: Military personnel experience both occupational and non-occupational trauma, both of which may contribute to mental disorders. The objective of this paper is to categorize (as occupational or non-occupational) the traumatic experiences in a widely-used lifetime trauma inventory. Method: Using data from the 2013 Canadian Forces Mental Health Survey (n = 6700, response rate 80%), the 28 lifetime traumatic events in the PTSD module of the Composite International Diagnostic Interview were subjected to exploratory factor analysis. Results: One clear military occupational factor was extracted, along with 4 non-occupational factors (sexual trauma, childhood non-sexual trauma, adult interpersonal trauma, and civilian exposure to war). Three experiences (combat, peacekeeping, and exposure to atrocities) loaded decisively on the occupational factor and 13 on one or more of the non-occupational factors. A single item (having been a refugee) was excluded on the basis of sampling adequacy; this was categorized as a civilian experience on conceptual grounds. The remaining items cross-loaded. Conclusion: Some traumatic experiences in the CIDI may occur in both occupational and non-occupational contexts. Different approaches to dealing with these equivocal items in analysis of the effects of military trauma will be discussed.

Afghanistan. Over the same period, the CAF has invested heavily in its mental health system. The net effect of these and other factors on mental disorders in CAF personnel is, however, unknown. Methods: this analysis used data from two highly comparable population-based mental health surveys done in 2002 and 2013 (N ~ 5,200 and ~ 6,700, respectively). In both surveys, past-year mental disorders were assessed using a version of the Composite International Diagnostic Interview. Results: The most prevalent past-year disorder in both 2002 and 2013 was major depressive disorder, which was seen in 8.0% of the population at both time points. Past-year prevalence of PTSD increased from 2.8% to 5.3% of personnel. Significant increases from 2002 to 2013 were also seen for past-year panic disorder (2.0% vs 3.4%) and GAD 1.9% vs 4.7%). Conclusions: The increases in prevalence of PTSD, panic disorder and GAD are likely due to the effects of the mission in Afghanistan. At the symposium, additional findings (including age-sex adjusted prevalence rates and the results of logistic regression models) will be presented.

THU 402**Prevalence of Past-Year Mental Disorders in Canadian Armed Forces Regular Force Personnel, 2002 to 2013**

(Abstract #615)

Poster #THU 402 (Social, Pub Health, Mil/Vets, Adult) M - Industrialized*Bennett, Rachel, **Zamorski, Mark****Department of National Defence, Ottawa, Ontario, Canada*

Introduction: The past 12 years have seen the deployment of more than 40,000 Canadian Armed Forces (CAF) personnel in support of the mission in

TRAINING/EDUCATION/ DISSEMINATION

THU 403

Veterans' Pathways into Evidence-Based Psychotherapy for PTSD

(Abstract #522)

Poster #THU 403 (Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized

Hundt, Natalie¹, Mott, Juliette², Miles, Shannon³, Arney, Jennifer⁴, Stanley, Melinda¹

¹MEDVAMC, Houston, Texas, USA

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

³Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA

⁴University of Houston-Clear Lake, Houston, Texas, USA

Little is known about what factors Veterans consider when deciding to initiate EBP for PTSD. The current study sought to examine this issue by interviewing 23 Veterans who engaged in Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT). Veterans discussed the process of making the decision to enter EBP. Ambivalence and delaying EBP initiation were common. Before beginning treatment, concerns included the belief that EBP would increase symptoms, that avoidance was helpful, and for some patients, that the therapy rationale was not convincing or differed from their expectations of what treatment should be. Facilitators to entering EBP included feeling a "need to talk about it", prior treatment that increased confidence in the ability to handle EBP, prior knowledge of the EBP therapist, provider behaviors that facilitated "buy in", such as offering choices in treatment, encouragement from other Veterans, and desperation for symptom relief. These data suggest potential interventions to increase uptake of EBP, including obtaining buy-in from the various potential disseminators of information about EBP, employing peer providers to increase the credibility of EBP, and training providers to more effectively "sell" EBP and offer choices in treatment.

THU 404

Factors that Influence PTSD Treatment Decisions among Prescribing Providers in the Department of Veterans Affairs

(Abstract #523)

Poster #THU 404 (Train/Ed/Dis, Clinical Practice, Sleep, Train/Ed/Dis, Adult) - Industrialized

Bernardy, Nancy¹, Barnett, Erin², Jenkyn, Aaron¹, Friedman, Matthew³

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

²Dartmouth College, Lebanon, New Hampshire, USA

³National Center for PTSD, Executive Division, White River Junction, Vermont, USA

Veterans with PTSD often present with symptom-specific complaints to prescribing clinicians in primary care or mental health clinics where initial treatment decisions are made. Concerns of chronic insomnia, pain, and irritability typically drive them into care. Too often the only treatment option discussed is hypnotic medication. It is critical that prescribing clinicians know both safer and effective psychotherapy and pharmacotherapy options for PTSD symptom management. Qualitative interviews were conducted with 26 VA prescribing clinicians to assess their knowledge, perceptions, and referral behaviors related to pharmacotherapy symptom management in patients with PTSD. Pressure to offer something now (i.e., medication) to help the patient was often driving treatment decisions. Clinicians believed that "safer" benzodiazepines at low doses would offer patients immediate relief. There was little knowledge of the availability of cognitive-behavioral therapy for insomnia or how to refer a patient to it. With the recognition now that response to initial treatment choices can heavily influence outcomes, it is critical that patients be given safer effective treatment options and be involved in treatment choice.

THU 405

The Development of Marketing Materials to Increase Veteran Demand for Evidence-Based Psychotherapies for PTSD

(Abstract #524)

Poster #THU 405 (Train/Ed/Dis, Mil/Vets, Adult) - Industrialized

Kehle-Forbes, Shannon¹, Gerould, Heather¹, Partin, Melissa¹, Sayer, Nina¹, Slone, Laurie²

¹Minneapolis VA Health Care System, Minneapolis, Minnesota, USA

²VA National Center for PTSD, Executive Division, White River Jct, Vermont, USA

We applied social marketing principles, which have long been used in public health settings to promote behavior change, to develop an intervention to increase veteran demand for evidence-based psychotherapies (EBPs) for PTSD. We conducted semi-structured interviews with 31 VA users with full or subthreshold PTSD, recruiting participants from three strata (male OEF/OIF, male Vietnam, and female veterans). Interview participants were asked how they preferred to receive information about PTSD

treatment options, their attitudes regarding PTSD recovery, and their reactions towards existing EBP educational materials. We used results from the interviews to make preliminary decisions regarding the themes to be used in the marketing materials, the groups to be targeted, and the mode of delivery. Three focus groups with a total of thirteen Veterans were conducted to elicit feedback on draft materials, which was used to guide further refinements. The final materials incorporated findings related to: veterans' preference to receive information in the mail, views regarding recovery, need for balanced information regarding EBPs effectiveness, concerns about EBPs for PTSD, desire for relatable testimonials, and request for materials directly targeted to women veterans. We will expand on these and other lessons learned and discuss implications for marketing treatments to veterans.

THU 406

Increasing Treatment Engagement through Informed Decision-Making: Development of an Online PTSD Decision Aid

(Abstract #525)

Poster #THU 406 (Multi-Media, Clin Res, Train/Ed/Dis, Adult) - Industrialized

Mott, Juliette¹, Hamblen, Jessica², Grubbs, Kathleen³, Merrick, Cybele⁴, Norman, Sonya⁵, Yoder, Matthew¹, Bernardy, Nancy⁶, Hermann, Barbara⁴

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

²VA National Center for PTSD/White River Junction VA Medical Center, White River Junction, Vermont, USA

³Mental Illness Research, Education and Clinical Center, Little Rock, Arkansas, USA

⁴VA National Center for PTSD, Executive Division, White River Junction, Vermont, USA

⁵National Center for PTSD, San Diego, California, USA

⁶National Center for PTSD, White River Junction, Vermont, USA

Of the few decision aids developed for posttraumatic stress disorder (PTSD), none are widely available or applicable to a diverse array of patients and care settings. This presentation describes the development of an online PTSD decision aid designed to address these limitations and increase engagement in PTSD care. Guided by the International Patient Decision Aid Standards, the development process involved input from end users including patients, providers, and Veterans Affairs (VA) leadership. Content was informed by the results of an online survey querying the decisional needs and treatment preferences of a nationally representative sample of Veterans (n=50) and civilians (n=50) with probable PTSD (>2 on the

Primary Care PTSD Screen). User testing was conducted on an alpha version. The resulting decision aid, which will be deployed to the National Center for PTSD website, features first-line PTSD treatments identified in the VA/Department of Defense practice guideline (including therapy and medication options). The decision aid includes treatment descriptions, risk and outcome data presented in an easily understood graphical display, advice on how to make treatment decisions, and a personal summary to share with a provider. Text, video, and interactive multimedia are used to present information. Practical recommendations for use in clinical care will be discussed.

THU 407

Comparing Predictors of First Year Students' Adjustment to College in the Context of a University Mass Murder

(Abstract #1532)

Poster #THU 407 (Train/Ed/Dis, Acute, Cog/Int, Comm/Int, Comm/Vio, Adult) M - Industrialized

Liu, Sabrina, Kia-Keating, Maryam, Modir, Sheila
University of California, Santa Barbara, Santa Barbara, California, USA

This study explores college adjustment in two consecutive classes of first-year university students. The aim of this research was twofold; first, to understand typical predictors of freshman year adjustment, and second, to understand how a mass murder on campus might change those predictors. In year 1, regression analysis (n=149) found that although depression and hope at the start of the year were independently associated with adjustment at year-end, depression became insignificant when entered into the same model as hope ($F(2, 147) = 26.9, p < .000$). These same factors were then examined as predictors of adjustment during a year in which several stressful events occurred, the most lethal of which was a mass murder. In addition, trauma symptomology at the beginning of the year and level of exposure to the murder were examined. Individually, all factors were associated with adjustment. However, when entered together into a stepwise linear regression model, exposure and trauma symptomology became insignificant, indicating that depression and hope predict students' adjustment over these factors. Again, hope was the most powerful predictor in the model ($F(4, 88) = 7.22, p < .000$). Findings suggest that fostering hope in incoming freshmen may promote first year adjustment in the context of stressful and traumatic events.

THU 408**Posttraumatic Stress Disorder during Pregnancy and after Birth**

(Abstract #1773)

Poster #THU 408 (Train/Ed/Dis, Acute, Anx, Assess Dx, Depr, Adult) I - Industrialized**Ayers, Susan¹**, Bond, Rod², Bertullies, Sophia¹, Wijma, Klaas³¹City University London, United Kingdom²University of Sussex, Brighton, East Sussex, United Kingdom³Linköping University, Linköping, Sweden

There is accumulating evidence that 3% of women develop PTSD as a result of childbirth. The objective of this talk is to give an overview of PTSD in pregnancy and after birth and report a meta-analysis of risk factors associated with postpartum PTSD. A systematic search was carried out on PsychInfo, PubMed, Scopus and Web of Science. Studies were included if they reported primary research on factors associated with birth-related PTSD symptoms measured at least 1 month after birth to avoid confounding with acute stress disorder symptoms. 42 studies (N=20,448) from 12 countries fulfilled inclusion criteria. Pre-birth factors most strongly related to PTSD were complications in pregnancy, depression, fear of childbirth and a history of PTSD. Birth factors most strongly associated with PTSD were subjective birth experience, lack of support from staff, dissociation and operative birth. PTSD was highly comorbid with postpartum depression and poor emotional health. Moderator analyses suggest some factors become more or less important over time, and that effects were influenced by the clinical risk of the sample and measure of PTSD used. It is concluded that postpartum PTSD is associated with various risk factors which can be conceptualized using a diathesis-stress model.

THU 409**I'm No Longer as Clever as I Used to Be – Pupils Own Perspective of Change in Academic Performance after Trauma**

(Abstract #157)

Poster #THU 409 (Train/Ed/Dis, Acute, Depr, Prevent, Terror, Child/Adol) M - Global**Schultz, Jon-Håkon¹**, Skarstein, Dag²¹Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway²Oslo University, Oslo, Norway

Studies have indicated that post-traumatic stress disorder (PTSD) is associated with a temporary and

distinct cognitive impairment. Meta-analyses of neuropsychological studies have identified verbal memory impairment as the most consistent cognitive impairment related to PTSD. Few studies have investigated consequences for pupil's academic functioning and possible learning disabilities as a long term consequence of trauma. The study's objective is to explore pupil's perceived change in academic performance after surviving the Norwegian massacre of July 22nd 2011. **Method:** 65 pupils (16–19 years) were interviewed with qualitative interviews 2.5 years after the traumatic event. This study is a part of the Utøya-study where a total of 178 participants attended school. **Results:** 55% (N=178) reported their academic achievements to be highly- or somewhat affected by the traumatic event. Descriptions from the 65 pupils are characterized by; loss of concentration and short term memory and reduced ability to perform academically as they used to. They lack understanding and precise terms to describe their change in academic performance. They are concerned and report little or no discussions with teachers about loss of academic performance. Implications are discussed for the teacher role and the need for increased awareness of cognitive impairments by educational psychologists.

THU 410**The Effects of Acquaintance Rape, PTSD, and Post-Attack Victim-Perpetrator Interaction on Female College Students**

(Abstract #1043)

Poster #THU 410 (Train/Ed/Dis, Assess Dx, QoL, Rape, Res Meth, Lifespan) I - Industrialized**Bell, Stephanie**

Delta State University, West Cleveland, Mississippi, USA

Acquaintance rape is the most common type of rape perpetrated against women in college (DOJ, 2000). The focus of the study was to examine the effects of rape that are unique to female college students. The survey was distributed to female, undergraduate students at a large, public university in the south (N = 8,400). The response rate was 5.5% (n = 463). Sixteen percent of participants indicated they had been raped since attending college (n = 75), and 85% of those rapes were perpetrated by someone known to the victim (n = 63). Sixty-five percent of victims indicated they encountered their perpetrator after being raped. Scores on the PCL-5 for participants who had encountered their perpetrator since the attack were higher (M = 54.03) compared with those who had not (M = 41.27). Due to frequent interactions with their perpetrators, women were more likely to engage in lifestyle changes (i.e. experienced unwillingness to go places (n = 42), changed

relationships (n = 32), sought counseling (n = 23), changed residences (n = 17). Based on this data, there are indications that higher levels of trauma exist within this population on college campuses and specific advocacy and treatment may be warranted.

THU 411**Competence, Confidence, and Specific Needs of Faculty Dealing With Grieving Students in Orthodox Jewish Schools**

(Abstract #1124)

Poster #THU 411 (Train/Ed/Dis, Commun, Cul Div, Death, Train/Ed/Dis, Other) I - Industrialized

Berger, Chaya, Goldberg, Yonina, Wigod, Talia, Gerber, Juliet, Smith, Amanda, Demaria, Thomas
Long Island University, C.W. Post Campus,
Brookville, New York, USA

Approximately 3.4% of children and adolescents in the United States have experienced the death of a parent (U.S. Bureau of the Census, 2001). The bereaved child often expresses his/her loss at school, making it vital for teachers and administrators to be equipped to assist (Charkow, 1998). While resources are available to professionals, including a new web-based resource (www.grievingstudents.org), faculty within Orthodox Jewish schools are often left to culturally reframe those resources for their students. Students in Orthodox Jewish schools have different rites and rituals, may experience grief differently than their non-religious peers, spend more time in school studying a dual-curriculum, and understand death and dying through the context of their own religion. A survey of teachers and administrators (N = 50) in Orthodox Jewish schools was therefore conducted to assess their knowledge of the grief process, their competence in assisting grieving students, and their specific needs in becoming more competent. Specific needs mentioned and resources requested by those surveyed will be discussed and compared to best practices recommended in secular schools. Recommendations based on these findings regarding the development of resources specific to the needs of the faculty of Orthodox Jewish schools who assist grieving students will be presented.

VICARIOUS TRAUMATIZATION AND THERAPIST SELF-CARE**THU 412****Posttraumatic Growth in Military Spouses Following Vicarious Trauma**

(Abstract #1114)

Poster #THU 412 (Self-Care, QoL, Self-Care, Civil/War, Theory, Adult) I - Global

Jinkerson, Jeremy, Hubbard, Athena
Fielding Graduate Institute, Santa Barbara, California,
USA

Vicarious posttraumatic stress (PTS) and posttraumatic growth (PTG) were examined in military spouses whose partners had experienced direct trauma in the past 5 years. Participants (N = 56, M age = 32, SD = 1, 89% White) were sampled from military-affiliated groups and completed online surveys. PTG was assessed by the PTG Inventory (PTGI), PTS by the PTSD Checklist-5, and depression by the Patient Health Questionnaire-8. Most respondents' partners served in the Army (89%). Mean PTGI score was M = 50.5, SD = 25.5, indicating that participants experienced a moderate level of vicarious posttraumatic growth (vPTG). A majority of participants (63%) indicated that their ability to handle difficulties had grown moderately or more, and 60% indicated that life priorities had improved moderately or more. Regarding PTG's relationship to psychopathology, PTG was not significantly correlated with PTS ($r = .19$, PCL-5 M = 16.76, SD = 15.65) or depression ($r = .14$, PHQ-8 M = 6.71, SD = 6.07). PTS was strongly correlated with depression ($r = .763$, $p < 0.01$). Results indicated that individuals with or without PTS were no more likely to experience vPTG. Military spouses experienced a range of vicarious posttraumatic responses and levels of vPTG. As with direct trauma, this knowledge may inform pre-deployment/pre-traumatic strategies, as military spouses could be prepared for possible vPTG.

THU 413**Compassion Fatigue among Child Protection Workers: An Examination of an Adapted Version of the Professional Quality of Life model**

(Abstract #270)

Poster #THU 413 (Self-Care, Aggress, QoL, Other) M - Global

Geoffrion, Steve¹, Guay, Stéphane²
¹Université de Montreal and Centre d'Etude sur le

*Trauma, du Centre de Recherche Fernand-Seguin
affilié à l'Institut de santé mentale de l'hôpital Louis-H.
Lafontaine, Montreal, Quebec, Canada*
²*Université de Montreal & Centre d'Etude du Trauma,
Montreal, Quebec, Canada*

The current study provides a quantitative examination of compassion fatigue among child protection workers according to a version of the Professional Quality of Life model (ProQol) adapted to this occupation. Conducted with a representative sample of 301 Canadian child protection workers, the effects of exposure to workplace aggression, exposure to traumatic material and stress emanating from accountability on compassion fatigue are evaluated in a path analysis model. The mediating effects of gender roles, perceived organizational support, adherence to professional identity, coping ability and confidence in coping with patient aggression are tested. Regarding compassion fatigue, exposure to workplace aggression, felt accountability and avoidant coping strategies had positive direct effects while masculine attitudes, adherence to professional identity and confidence in coping with client aggression had negative direct effects. Inconsistent mediations were found in the relation between workplace aggression and compassion through these three factors. Finally, adherence to professional identity and avoidance were found to partially mediate the effect between felt accountability and compassion fatigue. Findings strengthened the integration of accountability stress in the compassion fatigue model and ProQol model. Policy and clinical implications are finally discussed.

TEs, age, and compassion satisfaction also contributed to the model. The model explained 23% of the variance related PTSS. Conclusion: The results suggest that violence in mental health settings may affect healthcare providers' stress level and ability to exhibit compassion. This can contribute to alterations in employees' health and in the quality of care delivery. Additional research with respect to the relationship between trauma-informed care programming and lower rates of PTSS in healthcare workers is needed.

THU 414

Post-Traumatic Stress, Trauma-Informed Care, and Compassion Fatigue in Psychiatric Hospital Staff: A Correlational Study

(Abstract #322)

Poster #THU 414 (Self-Care, Aggress, Self-Care, Prof) M - N/A

Jacobowitz, William

Adelphi University, Garden City, New York, USA

Problem Statement: Assault of staff in psychiatric hospitals is a frequent occurrence. Studies indicate that hospital staff is at risk of developing post-traumatic stress disorder (PTSD). **Methods and Design:** A correlational study with a convenience sample of 172 staff in a psychiatric hospital was performed, comparing the rate of traumatic events (TEs), resilience, confidence, and compassion fatigue to PTSD symptoms (PTSS). **Results:** Regression Analyses identified two variables that were unique predictors of PTSS; trauma-informed care (TIC) meeting attendance, and burnout symptoms. Severe

TECHNOLOGY

THU 415

Can a Mobile Gaming App Reduce Intrusions? A Proof-of-Concept Study to Examine the Effect of the TraumaGameplay
(Abstract #1661)

Poster #THU 415 (Prevent, Acute, Affect/Int, Clin Res, Prevent, Adult) - Industrialized

Asselbergs, Joost, Sijbrandij, Marit
VU University, Amsterdam, Noord-Holland, Netherlands

There is a lack of effective early interventions to prevent PTSD's onset. Cognitive science studies suggest that playing the computer game Tetris during consolidation of the traumatic memory reduces intrusions in healthy volunteers after watching an aversive film. We have developed TraumaGameplay, a mobile gaming app aimed at reducing intrusions to be played early after experiencing a traumatic event. This proof-of-concept study evaluated whether TraumaGameplay reduced frequency, vividness and emotionality of intrusions following exposure to a trauma film. We compared two versions TraumaGameplay (with vs. without recall of the traumatic memory) to control (no TraumaGameplay). Seventy-nine healthy individuals (mean age = 20.34, SD = 2.28) were exposed to a trauma film and were randomly assigned to TraumaGameplay with recall (n=31), TraumaGameplay with recall of the traumatic memory (n=31) or control (n=17). Intrusions were assessed at one week after exposure. At one week, the groups did not differ with respect to intrusion-frequency ($p=0.76$). However, participants in TGP without recall reported a significant decrease in emotionality ($p=0.042$) and a trend-level significant decrease in vividness ($p=0.078$) of the most aversive memory compared to the control condition. TraumaGameplay may have the potential to reduce the impact of traumatic experience. Future steps will be discussed.

THU 416

The Evaluation of a Mobile App to Reduce Posttraumatic Stress Symptoms in Adults: SUPPORT Coach
(Abstract #1663)

Poster #THU 416 (Tech, Clin Res, Clinical Practice, Dev/Int, Prevent, Adult) - Industrialized

van der Meer, Christianne¹, Bakker, Anne¹, Holmersma, Annemarijn¹, van Buschbach, Susanne¹, Olf, Miranda²

¹Academic Medical Center, University of Amsterdam, Amsterdam, Noord-Holland, Netherlands

²Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Noord-Holland, Netherlands

The SUPPORT Coach is a smartphone application designed to support adults who suffer from posttraumatic stress symptoms (PTSS) and to help them better understand and self-manage their symptoms. The Dutch SUPPORT Coach is based on the U.S. PTSD Coach and consists of evidence-based Cognitive Behavioral Therapy principles. The SUPPORT Coach includes psychoeducation, information on seeking professional help, a self-assessment and a self-monitor function. Most important, the app provides various tailor-made tools and exercises (e.g. relaxation skills, positive self-talk) to cope with PTSS. The SUPPORT Coach can be used both as a stand-alone app, as well as a supportive app during therapy. In our ongoing randomized controlled trial, we examine the effectiveness of the SUPPORT Coach in reducing PTSS among trauma-exposed employees in high risk professions. We also investigate the usage patterns and user satisfaction. In this presentation, the academic challenges in developing and investigating smartphone apps in the field of psychotrauma will be shared, the SUPPORT Coach app will be demonstrated and preliminary results on effectiveness, usability and user satisfaction will be presented.

Welcome Reception with SIG Endorsed Posters**Thursday, November 5****7:00 p.m. to 8:30 p.m.****Poster Organization**

Each poster is scheduled for either Author Attended Poster Session One on Thursday, the Featured Poster Presentations at the Welcome Reception, or Author Attended Poster Session Two on Friday, and includes a one-hour time period when the presenting author is available to answer questions.

Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is available on the previous page.

Key:

Poster # Number (Primary keyword, Secondary Keywords, Population type) Presentation Level – Region

Keyword type descriptions can be found on page 2.

Regions and Population Types can be found on page 3.

Presentation levels and descriptions can be found on page 3.

Welcome Reception with SIG Endorsed Posters:**Thursday, November 5**

Poster Setup: 5:30 p.m. – 7:00 p.m.

Author Attended Poster Session: 7:00 p.m. – 7:45 p.m.

Poster Dismantle: 8:30 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.

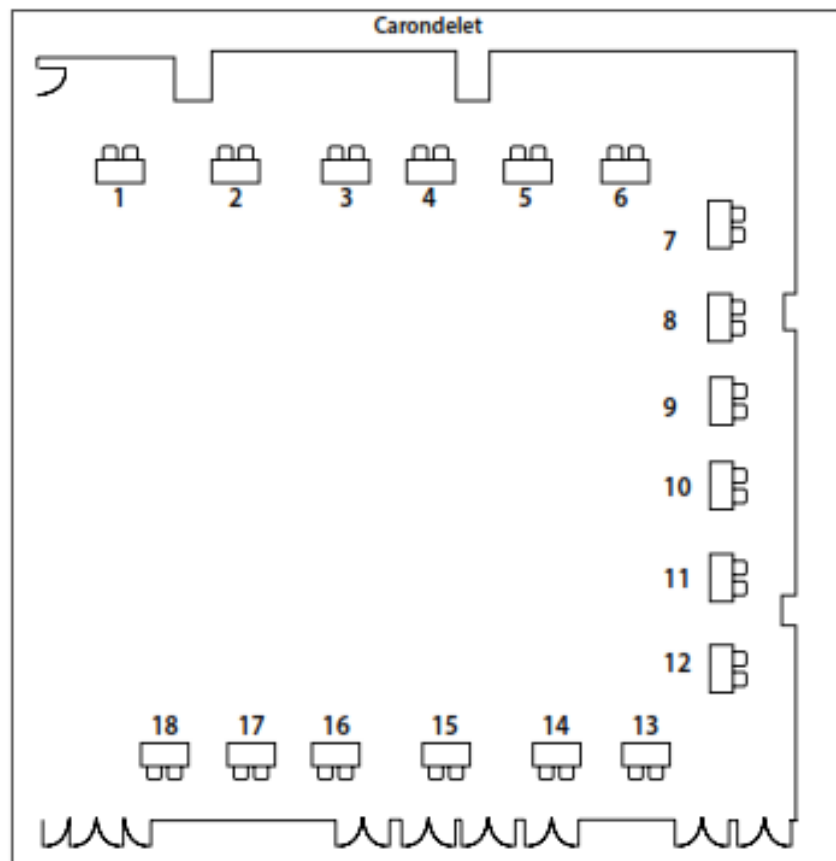
Welcome Reception with SIG Endorsed Posters**Thursday, November 5****7:00 p.m. to 8:30 p.m.**

Table 1 – Aging, Trauma & the Life Course SIG	WR 101, WR 102
Table 2 – Trauma Assessment & Diagnosis SIG	WR 103, WR 104
Table 3 – Child Trauma SIG	WR 105, WR 106
Table 4 – Complex Trauma SIG	WR 107, WR 108
Table 5 – Diversity & Cultural Competence SIG	WR 109, WR 133
Table 6 – Lesbian, Gay, Bi-Sexual & Transgender (LGBT) SIG	WR 110
Table 7 – Dissemination & Implementation SIG	WR 111, WR 112
Table 8 – Family Systems SIG	WE 113, WR 114
Table 9 – Gender & Trauma SIG	WR 115, WR 116
Table 10 – Genomics & Trauma SIG	WR 117, WR 118
Table 11 – Genomics & Trauma SIG	WR 119
Table 12 – Trauma, Health & Primary Care SIG	WR 120
Table 13 – Intergenerational Transmission of Trauma & Resilience SIG	WR 121, WR 122
Table 14 – Psychodynamic Research & Practice SIG	WR 123, WR 124
Table 15 – Terrorism & Bioterrorism Related Trauma SIG	WR 125, WR 126
Table 16 – Theory & Traumatic Stress Studies SIG	WR 127, WR 128
Table 17 – Trauma & Substance Use Disorders SIG	WR 129, WR 130
Table 18 – Traumatic Loss & Grief SIG	WR 131, WR 132

AGING, TRAUMA & THE LIFE COURSE SIG

WR 101

**Midlife Personality and Later-life
Psychosocial Adjustment: Longitudinal
Findings from American Repatriated
Prisoners of the Vietnam War**
(Abstract #1415)

**Poster #WR 101 (Clin Res, Surv/Hist, Mil/Vets,
Aging, Older) M - Industrialized**

Lee, Lewina¹, Smith, Brian², Park, Crystal³, Pless Kaiser, Anica⁴, Spiro III, Avron⁵, King, Dan and Lynda¹

¹Boston University School of Medicine and VA Boston Healthcare System, Boston, Massachusetts, USA

²National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

³University of Connecticut, Storrs, Connecticut, USA

⁴VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA

⁵VA Boston Healthcare System & Boston University Schools of Public Health & Medicine, Boston, Massachusetts, USA

Personality traits in early adulthood have enduring influences on psychosocial outcomes in later life, but the impact of trauma on this relation is unclear. The goal of this study was to examine whether a model of personality factors was linked to psychosocial adjustment in later life among American repatriated prisoners of war (RPWs). The sample consisted of 434 male RPWs who were repatriated in 1973, when their mean age was 34 (SD=7). Personality was assessed in 1974-6 using the Personality Research Form (PRF). Later-life outcomes were assessed via mail survey in 2002. Confirmatory factor analysis of the PRF identified a model of resilient personality, comprising 3 factors: Social, Goal-Oriented, and Adventure-Seeking. Using SEM, we assessed the relations of these personality factors with later-life psychological well-being (life satisfaction, mastery) and mental health (PTSD, anxiety, depressive symptoms). Higher scores on the Social factor were associated with greater psychological well-being and more favorable mental health in later life. These findings suggest that post-trauma personality traits continued to influence psychosocial adjustment nearly three decades after trauma exposure.

WR 102

**Modeling the Direct and Indirect Effects of
PTSD on Cardio-metabolic Health among
Veterans**

(Abstract #632)

**Poster #WR 102 (Bio Med, Bio Med, Depr,
Illness, Pub Health, Adult) M - Industrialized**

Hoerster, Katherine¹, Krennek, Marketa¹, Stappenbeck, Cynthia², Yard, Samantha¹, Nelson, Karin¹, Simpson, Tracy¹

¹VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA

²University of Washington School of Medicine, Seattle, Washington, USA

PTSD is associated with increased risk for cardio-metabolic (C-M) conditions (e.g. diabetes, coronary artery disease). To optimally promote health among people with PTSD, we need to know why PTSD leads to C-M conditions. Potential mediators (e.g. health behaviors, depression) between PTSD and C-M conditions were hypothesized (Dedert et al., 2010), but not empirically evaluated. VA patients (N=717) completed a survey. Most were male, white, and unemployed, with an annual income ≤ \$40,000. We conducted a path analysis consistent with Dedert's theoretical model testing direct and indirect effects through multiple health indicators of PTSD on total number of C-M conditions (range: 0-7), adjusting for socio-demographics and smoking. PTSD was directly associated with higher depression symptoms, better diet, and more alcohol misuse. PTSD was indirectly associated with worse physical activity and diet and less alcohol misuse through depression. PTSD was indirectly associated with higher body mass index (BMI) through depression and health behaviors. Finally, PTSD was indirectly associated with a greater number of C-M conditions through depression, health behaviors, and BMI. This study identifies pathways between PTSD and C-M disease burden. Interventions addressing C-M conditions in Veterans with PTSD should target depression and health behaviors such as diet and activity.

TRAUMA, ASSESSMENT & DIAGNOSIS SIG

WR 103

A Decision Tree Approach to the Assessment of Posttraumatic Stress Disorder

(Abstract #1842)

**Poster #WR 103 (Assess Dx, Clinical Practice,
Adult) I - N/A**

Stewart, Regan¹, Davidson, Tatiana¹, Tuerk, Peter²

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

²Ralph H. Johnson VA Medical Center, Charleston,
South Carolina, USA

Structured diagnostic interviews are widely considered to be the optimal method of assessing symptoms of posttraumatic stress (Keane & Foa, 2009; Weathers et al., 2001; Weiss, 2004). Few clinicians report using structured assessments in clinical practice, however, often citing the amount of time required for test administration as a barrier (Garland, Kruse, & Aarons, 2003; Hatfield & Ogles, 2004). Thus, the present research conducted an initial feasibility study using a sample of military veterans who presented for evaluation of Posttraumatic Stress Disorder (PTSD) at a Department of Veterans Affairs in the southeastern United States (N = 1571) to develop an abbreviated, self-administered version of the Clinician Administered PTSD Scale (CAPS). Decision tree analysis was utilized to identify a subset of predictor variables within the 17 CAPS symptom criteria variables that were most predictive of a diagnosis of PTSD. The algorithm-driven sequence of questions reduced the number of items administered by more than 75% and exhibited high sensitivity (.96) and specificity (.90), and excellent diagnostic agreement with the full CAPS sequence ($k = .90$, $p < .001$). These results facilitate promising new directions in evidence-based assessment in a way that imposes limited clinical, administrative, or financial burden while still providing a reliable diagnosis.

WR 104

Extending DSM-5 Preschool PTSD Criteria to Preadolescent Children

(Abstract #1439)

**Poster #WR 104 (Assess Dx, Nat/Dis, Child/Adol)
I - Industrialized**

Danzi, BreAnne, La Greca, Annette

University of Miami, Coral Gables, Florida, USA

DSM-5 brought substantial changes to diagnostic criteria for posttraumatic stress disorder (PTSD), including separate criteria for children 6 years and younger. However, older children are currently diagnosed using adult criteria, even though it's unknown whether these criteria are appropriate for preadolescent children. We compare rates of 'probable' PTSD using DSM-IV, DSM-5, and DSM-5 Preschool criteria in children (ages 7–11) affected by Hurricane Ike (n=327), using measures completed 8–9 months postdisaster. Almost twice as many children met DSM-5-Preschool criteria (n=99, 30.3%) compared with DSM-IV (n=50, 15.3%) or DSM-5 (n=46, 14.1%) criteria. Factor analyses indicated that DSM-IV and DSM-5-Preschool criteria had the best-fitting models, whereas DSM-5 had a poor fit. Logistic regressions assessed whether key risk factors identified by prior disaster research were differentially predictive of children's PTSD. Across all criteria, PTSD was predicted by ethnicity, life threat, immediate loss/disruption, and anxiety (ORs ranged 1.12 to 5.84, $ps < .05$). Preschool-defined PTSD was also predicted by life events (OR=1.27, $p < .01$) and depression (OR=1.08, $p < .01$). Findings provide some support for using DSM-5-Preschool criteria with preadolescent children, but also indicate a risk for over-diagnosis. Further research is needed to improve PTSD criteria for preadolescent children.

CHILD TRAUMA SIG**WR 105****Exploring Constellations of Trauma Exposure among Youth with Complex Trauma**

(Abstract #631)

Poster #WR 105 (Res Meth, Assess Dx, Chronic, Complex, Neglect, Child/Adol) M - Industrialized**Hodgdon, Hilary¹**, Martin, Lia², Liebman, Rachel², Spinazzola, Joseph¹¹Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA²Justice Resource Institute, Brookline, Massachusetts, USA

Emerging evidence suggests the childhood trauma is rarely a discreet event, but rather that multiple trauma types co-occur. This study utilized principle components analysis (PCA) and confirmatory factor analysis using AMOS to examine trauma constellations among a treatment seeking sample of 618 youth ages 3 to 18 who reported lifetime exposure to 20 trauma types on the Trauma History Profile (THP). Both exploratory (PCA) and confirmatory (SEM AMOS) analyses pointed to a four factor structure of the THP, including a "covert trauma" factor (neglect, impaired caregiving, domestic violence, and forced displacement), an "overt trauma" factor (physical abuse and assault, sexual abuse and assault, and emotional abuse), a "contextual trauma" factor (school, community and extreme interpersonal violence) and a "loss" factor (traumatic loss and medical trauma). Model fit indices for the CFA analysis in AMOS indicated adequate model fit (PCMIN = 2.514, NFI=0.865, CFI=0.913, RMSEA=0.50, PCLOSE=0.518). Findings from this study point to need for expanded screening efforts for treatment seeking youth in order to capture the range of traumatic experiences, as well as for research that examines the impact of trauma constellations and interactive or synergistic influences of co-occurring trauma types on child development.

WR 106**Identifying Mental Health and Trauma Recovery Needs of Children in Foster Care: An Examination of Child Welfare Workers' Effectiveness in Screening for Traumatic Stress**

(Abstract #744)

Poster #WR 106 (Assess Dx, Assess Dx, CPA, CSA, Train/Ed/Dis, Child/Adol) M - Industrialized**Whitt-Woosley, Adrienne**, Sprang, Ginny
University of Kentucky, Lexington, Kentucky, USA

Children in foster care comprise a group largely defined by exposure to maltreatment related trauma, presenting multiple risk factors for traumatic stress. However, there is currently no standard for universal trauma screening with these children. This study addresses whether child welfare workers are effective screeners of traumatic stress symptoms for children in foster care. A sample (N=246) of workers' screenings using the Child Welfare Trauma Referral Tool (Taylor, Steinberg, & Wilson, 2006) was compared to clinical measures of traumatic stress. Preliminary analysis indicates significant rates of posttraumatic stress symptoms and moderate to strong correlations between worker and caregiver assessments of child functioning. A logistic regression model found that workers' assessments of specific posttraumatic stress symptoms combined with child age were significantly predictive of child and caregiver reports of posttraumatic stress on clinical measures. Further analysis of the impact of trauma informed care training on worker reports will also be included. These findings underscore the importance of timely identification of the mental health needs of maltreated children, the utility of child welfare workers in collecting this information, the role of trauma informed care training in child welfare and implications for incorporating trauma assessments into case planning.

COMPLEX TRAUMA SIG**WR 107****Getting back to basics: Differentiating PTSD and Complex PTSD**

(Abstract #1888)

Poster #WR 107 (Assess Dx, Chronic, Complex, Sub/Abuse, Adult) M - N/A**Shotwell Tabke, Chelsea**¹, Kovacevic, Merdijana², Cook, Nigel³, Newman, Elana³¹University of Tulsa, Tulsa, Oklahoma, USA²Wayne State University, Detroit, Michigan, USA³The University of Tulsa, Tulsa, Oklahoma, USA

Debate ensues as to whether PTSD and complex PTSD (CP) are unique disorders or conditions on a severity continuum regarding trauma exposure, cognitive dysfunction, and symptomatic distress. CP is predictive of clinical outcomes including relapse and attrition, which are relevant issues with substance abusing samples. This poster uses discriminant function analysis to examine if trauma exposure (TAA-SR), posttraumatic cognitions (PTCI), and overall psychological distress (SCL-90-R) are predictive of PTSD and CP diagnoses (Dx) in a sample of 332 women enrolled in a substance abuse prison diversion program. PTSD probable Dx was a total PCL-C score ≥ 44 . CP probable Dx T-score ≥ 65 on both a trauma and self-disturbance TSI scale. The total sample consisted of 25% PTSD/CP, 14% PTSD, 16% CP, and 45% with no trauma Dx (none). The discriminant function explained 97.9% of the variance (canonical $R^2 = .43$, with a combined $X^2(9) = 177.14$, $p < .001$). The overall correct classification rate was 54.2% (66.7% correctly identified as PTSD/CP, 27.3% as PTSD, 26.5% as CP, and 65.7% as none). Results show that the model is able to reliably discriminate between participants with PTSD/CP Dx and no Dx. However, there is limited predictive utility for sole PTSD and CP Dx. Given that these Dx cannot be reliably differentiated, they may not represent distinct diagnoses within this population.

WR 108**The Association between Children's Post-traumatic Stress, Respiratory Sinus Arrhythmia (RSA), and Potentially Traumatic Events**

(Abstract #714)

Poster #WR 108 (Bio Med, Chronic, Comm/Vio, Health, Bio/Int, Child/Adol) M - Industrialized**Lipschutz, Rebecca**, Gray, Sarah, Theall, Katherine, Drury, Stacy

Tulane University, New Orleans, Louisiana, USA

Traumatic stress can have long lasting changes on psychophysiological stress responses. We explore the relation between childhood potentially traumatic events (PTEs), posttraumatic stress disorder (PTSD) symptomatology, and respiratory sinus arrhythmia (RSA), a parasympathetic marker of response to environmental challenge and stress reactivity. Data was collected from 104 community-recruited caregivers and children, notable for high rates of exposure to PTEs. Caregivers reported children's PTEs and PTSD symptomatology. Children's RSA was measured at resting baseline and in response to a social stressor. Bivariate and multivariate analyses explored the relation between PTSD symptoms, PTEs, and RSA baseline and reactivity. Ninety percent of the children experienced at least one PTE and 12.5% reported PTSD symptoms above clinical cut off scores. As number of PTEs increased for children, RSA baseline levels decreased. The number of PTEs appeared to impact RSA reactivity differentially based on children's PTSD symptomatology. Children with low PTSD symptoms showed high RSA reactivity regardless of number of PTEs. Children with high PTSD symptoms and low PTE exposures showed the highest RSA reactivity, while high PTSD and high PTE children showed the lowest RSA reactivity. Findings suggest variability in stress responses and symptom presentation for children across contexts

DIVERSITY & CULTURAL COMPETENCE SIG

(Also WR 133)

WR 109

Treatment-Related Beliefs and Preferences Associated with Race and Ethnicity among Veterans with PTSD

(Abstract #701)

Poster #WR 109 (CulDiv, Clinical Practice, Mil/Vets, Adult) M - Industrialized

Spoont, Michele¹, Clothier, Barbara², Nelson, Dave²
¹National Center for PTSD, U.S. Department/Veterans Affairs, Minneapolis, Minnesota, USA
²Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

What people think about mental health treatments, their preferences for different treatments and types of providers, and their attitudes about being in mental health treatment have been associated with decisions to seek help and also to stay in mental health treatment long enough to receive benefit. We examined these treatment-related beliefs and preferences across self-rated racial and ethnic groups of Veterans with PTSD (n=7,645) who participated in a prospective national cohort study. Veterans were surveyed immediately following a PTSD diagnosis when they were at the beginning of a possible episode of treatment (response rate=66%). Group comparisons of treatment-related beliefs and preferences were evaluated using logistic regression and general linear models. Multiple imputation and propensity model adjustments addressed item and survey missingness respectively. Age, gender, symptom severity and category of trauma experienced were included in models as covariates. Comparable to non-Veterans, Veterans of diverse racial and ethnic identities differed in their treatment and provider preferences, attitudes about treatment, stigma and treatment self-efficacy. The acculturating effect of military service did not eliminate these differences. These findings have significant implications for outreach efforts, treatment engagement, and culturally informed therapies.

LESBIAN, GAY, BI-SEXUAL & TRANSGENDER (LGBT) SIG

WR 110

Seeking Asylum: Challenges Faced by the LGBT Community

(Abstract #865)

Poster #WR 110 (CulDiv, Cul Div, Refugee, Orient, Torture, Adult) M - Global

Piowarczyk, Lin¹, Fernandez, Pedro², Sharma, Anita³

¹Boston Center for Health & Human Rights / Boston University, Boston, Massachusetts, USA

²Boston University Medical Center/Boston Medical Center, Boston, Massachusetts, USA

³PAIR PROJECT, Boston, Massachusetts, USA

Empirical evidence shows that LGBT asylum seekers have unique challenges and stressors that are not being currently addressed including, legal/immigration issues, psychological and sociological struggles, cultural insensitivity, and discrimination. A retrospective chart review was completed of patients self-identified as lesbian, gay, or bisexual seen through the Boston Center for Refugee Health and Human Rights between June 9, 2009 and December 31, 2014 (n = 50). Almost all (98%) experienced persecution due to their sexual orientation and 84% experienced torture. The circumstances of disclosure/exposure were often traumatic in nature. In several, efforts by others were made to change their sexual orientation often through forced marriage. Those in same sex relationships had relationships that were often marred by tragedy. In this subset, women were more likely than men be forced to move from place to place, experience rape/sexual assault and threats whereas men were more likely to be persecuted by people on the street. All presented with symptoms of depression and anxiety. Providers need to be attuned to the potential multiple levels of trauma of those fleeing persecution due to sexual orientation, and the medical, social, psychological, and legal implications.

DISSEMINATION & IMPLEMENTATION SIG

WR 111

Evaluation of the Implementation of a Modular Cognitive-Behavioral Treatment for Posttraumatic Stress, Depression, and Anxiety in U.S. Community Mental Health Settings

(Abstract #382)

Poster #WR 111 (Train/Ed/Dis, Affect/Int, Commun, Complex, Train/Ed/Dis, Adult) M - Industrialized

Peterson, Roselyn¹, Darnell, Doyanne², Monroe-DeVita, Maria¹, Dorsey, Shannon¹, Murray, Laura³, Berliner, Lucy²
¹University of Washington, Seattle, Washington, USA
²University of Washington/Harborview Medical Center, Seattle, Washington, USA
³Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA

Decades of research supports effectiveness of cognitive-behavioral treatments (CBTs) for posttraumatic stress (PTS) and related comorbidities, yet many trauma-exposed populations lack access to these treatments. The Common Elements Treatment Approach (CETA) is a modularized CBT that holds promise for enhancing the reach of CBTs in the U.S. The first implementation of CETA in the U.S. is currently underway across some community mental health (CMH) settings in Washington State. We present data on the feasibility of implementing CETA, including evaluation data on the impact of training and consultation on clinician skills, as well as feasibility data from training cases. The implementation includes organizational senior leader support and clinical supervisor involvement in a 2-day training, and 6-month biweekly 1-hour consultation calls. Clinicians track progress with training cases through a web-based toolkit. Clinician (N=45) self-evaluation of competence in core CETA skills indicates improvement in skill due to workshop training alone, $t(44) 4.19, p < .01$. We will present data on clinician competence, and we will present client data from training cases as they relate to feasibility of CETA across diverse CMH settings. Findings will be discussed in terms of the opportunities for the public health impact of this novel approach to treatment among trauma-exposed populations.

WR 112

Clinician Attitudes of Evidence-Based Practices as Predictors of Treatment Adherence and Competence in Cognitive Processing Therapy

(Abstract #1831)

Poster #WR 112 (Clin Res, Clinical Practice, Prof) I - Industrialized

Sijercic, Iris¹, Lane, Jeanine¹, Wiltsey Stirman, Shannon², Shields, Norman³, Monson, Candice¹

¹Ryerson University, Toronto, Ontario, Canada

²Boston VA Healthcare System, Boston, Massachusetts, USA

³Veteran Affairs Canada, Toronto, Quebec, Canada

The Evidence-Based Practice Attitude Scale (EBPAS) has been universally used to assess clinician attitudes toward evidence-based practices (EBPs). Despite widespread enthusiasm in examining attitudes in various providers, no previous studies have investigated the predictive capacity of the EBPAS in clinicians delivering cognitive processing therapy (CPT), an EBP for posttraumatic stress disorder. The present study examined subscales of the EBPAS as predictors of adherence to, and competence in, delivering CPT. Clinicians ($n = 79$) completed the EBPAS prior to delivering CPT, and trained expert assessors rated adherence and competence across randomly selected CPT sessions. Regression analyses revealed that openness (extent to which providers are open to trying new and manualized interventions) was a significant predictor of competence ($R^2 = .064, p = .025$), but not adherence. Additionally, divergence (degree to which providers perceive EBPs as not clinically useful and less valuable than clinical experience) was negatively predictive of adherence ($R^2 = .049, p = .050$), but not competence. Findings suggest that clinicians' openness to EBPs prior to treatment may be important in delivering CPT competently, and that clinicians who perceive EBPs as less clinically useful are less likely to be adherent to the treatment protocol. Clinical implications will be presented.

FAMILY SYSTEMS SIG**WR 113**

Phase I Trial of the PTSD Family Coach Mobile App: Recruitment, Procedures, & Preliminary Findings
(Abstract #1137)

Poster #WR 113 (Tech, Clin Res, Depr, Fam/Int, Adult) M - Industrialized

Owen, Jason¹, Jaworski, Beth¹, Kuhn, Eric², Hoffman, Julia², Ramsey, Kelly², Rosen, Craig³
¹VA - National Center for PTSD, Menlo Park, California, USA

²National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

³VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA

Family members of those living with PTSD experience substantial caregiver burden and play an important role in facilitating PTSD recovery. However, few family members receive services related to their loved one's PTSD. Recent work suggests that mobile technology has potential to extend evidence-based care and reduce PTSD-related distress (Kuhn et al., 2014, Owen et al., in press). The objective of this preliminary report is to describe the design and preliminary findings from a phase 1 trial of the PTSD Family Coach mobile app for family members of Veterans with PTSD. The app was designed to provide information, support, monitoring, and tools for reducing stress for family members. Family members were recruited via social media, completed an online survey, and were randomized to receive either full or information-only control versions of the PTSD Family Coach app. Objective app usage data were available for all participants. Baseline data from the first 22 participants indicate high levels of caregiver burden, and 90% exceeded clinical cut-points for depression. Burden was associated with high social constraints ($r = .79$, $p < .001$) and low self-efficacy ($r = -.60$, $p = .003$) but not PTSD severity. Findings suggest that the unmet need for services is high in this population. Mobile apps have the potential to fill a much-needed gap in care to family members of those with PTSD.

WR 114

Chronic Family Trauma and Toddlers' Aggressive Behaviors: Paternal Pathways
(Abstract #1777)

Poster #WR 114 (Clin Res, Aggress, Chronic, Depr, Fam/Int, Child/Adol) M - Industrialized

Ashtiani Raveau, Hasti, Frey, Shaun, Szymanski, Tiffany, Terleckyj, Stefan, Bocknek, Erika
Wayne State University, Detroit, Michigan, USA

The high prevalence of trauma among low-income populations (Roberts et al., 2011) has devastating impacts on fathers and their children (Fitzgerald et al., 2006). An important consideration not widely addressed is the potential interaction of chronic trauma (neighborhood and domestic violence) and paternal variables on toddlers (Lambert et al., 2014). The present study investigated associations between chronic family trauma and 36-month-old children's aggression amongst a cohort of 621 low-income fathers. We used PROCESS (Model 6; Hayes, 2013) and estimated the bias-corrected coefficients from a series of 10,000 bootstrap re-samples (Preacher et al., 2007). Results indicated higher levels of trauma predicted greater toddlers' aggression ($\beta = .295$, $p = .005$), negative mother-father relationship ($\beta = .093$, $p = .003$), and higher paternal depression ($\beta = .384$, $p = .000$). The relationship between trauma and toddlers' aggression was fully mediated by negative father-mother relationship (95% CI = [.02, .12]) and paternal depression (95% CI = [.03, .14]) ($F(3, 617) = 12.889$, $p = .000$). These findings highlight the importance of providing trauma-impacted low-income fathers with interventions geared towards improving their relationships with their children's mothers and reducing their psychopathology. This can be critical in reducing effects of trauma on toddlers' socioemotional development.

GENDER & TRAUMA SIG**WR 115****Sex Differences in the Hormonal Regulation of Delta Sleep in PTSD**

(Abstract #1634)

Poster #WR 115 (Bio Med, Bio Med, Health, Sleep, Adult) M - Industrialized**Inslicht, Sabra**¹, Richards, Anne², Rao, Madhu¹, O'Donovan, Aoife³, Hauger, Richard⁴, Neylan, Thomas⁵¹San Francisco VA Medical Center and UCSF, San Francisco, California, USA²UCSF/SF VAMC, San Francisco, California, USA³University of California, San Francisco and San Francisco VAMC, San Francisco, California, USA⁴University of California, San Diego, La Jolla, California, USA⁵San Francisco VA Medical Center and UCSF, San Francisco, California, USA

Rationale: PTSD has been associated with decreased delta sleep, a finding more pronounced in men than women. Progesterone receptors are found in brain areas that regulate the sleep-wake cycle. Allopregnanolone (ALLO), a metabolite of progesterone may affect sleep by modulating CRH via GABA-A receptor interactions.

Objective: We examined the effects of sex and PTSD on associations between progesterone, ALLO, and the delta sleep response to a metyrapone challenge. Methods: Men and pre-menopausal follicular phase women with PTSD (n=43; 49% female) and controls (n=42; 50% female) underwent overnight blood sampling and polysomnography pre- and post-metyrapone. Results: The effect of PTSD on the relationship between progesterone on delta sleep differed by sex ($p < .01$). Among men, a greater decrease in progesterone was associated with a greater increase in delta sleep in PTSD+ subjects ($r = .69$, $p < .05$), but not in controls ($r = .16$, $p = .34$), or among female PTSD+ or female control participants. In PTSD+ males, the progesterone effect on delta sleep was attenuated ($p = .054$), when adjusting for ALLO, suggesting partial mediation. Conclusions: Sleep impairments in PTSD in men may result from sex-specific regulation of gonadotropins. Further characterizing sexual dimorphisms in the hormonal regulation of sleep may ultimately lead to better-targeted, more effective treatment.

WR 116**Multiple Memory Reconsolidation Blockades for Treating Post-traumatic Stress Disorder: Gender Differences in Treatment Response**

(Abstract #158)

Poster #WR 116 (Clin Res, Anx, Adult) M - Industrialized**Alvarez, Indira**¹, Thomas, Emilie², Saumier, Danie², Tremblay, Jacques³, Pitman, Roger⁴, Brunet, Alain⁵¹McGill University - Douglas Hospital Research Center, Montreal, Quebec, Canada²Douglas Mental Health University Research Institute/McGill University, Montreal, Quebec, Canada³Douglas University Institute in Mental Health, McGill University, Montreal, Quebec, Canada⁴Department of Psychiatry, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts, USA⁵McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada

Studies have shown that propranolol given upon reactivation of traumatic memories reduces physiologic responding during subsequent mental imagery of the event. Our goals were to replicate this psychophysiological finding under improved methodological conditions and explore gender differences in treatment outcome. Thirty-four study completers suffering from longstanding Posttraumatic Stress Disorder (PTSD) read an account of their traumatic event once weekly for six consecutive weeks under the influence of double-blind propranolol or placebo. After treatment completion, skin conductance (Sc), heart rate (HR), left corrugator (Co) and frontalis (Fr) electromyogram were measured while participants engaged in script-driven mental imagery of their traumatic event. MANOVA, followed by univariate tests, was run to determine the effect of trauma reconsolidation blockade on the psychophysiological response. Subjects in the treatment group showed significantly greater improvement than those in placebo as indexed by Sc ($p = .007$; partial $\eta^2 = .207$), Co ($p = .028$; partial $\eta^2 = .141$) and Fr ($p = .004$; partial $\eta^2 = .233$). A gender effect was observed: women improved more than men on all the psychophysiological indices. These results suggest that reconsolidation impairment of traumatic memories represents an exciting treatment avenue for PTSD. Reasons for gender differences are discussed.

WR 118

Allelic Variation in N-myc Downstream Regulated (NDRG) Genes is Associated with Posttraumatic Stress Disorder

(Abstract #530)

Poster #WR 118 (Clin Res, Bio Med, Mil/Vets, Genetic, Neuro, Adult) I - Industrialized

Sperbeck, Emily¹, Logue, Mark², Lusk, Joanna³, Wolf, Erika⁴, Sadeh, Naomi⁴, Miller, Mark⁴
¹VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA
²Boston University School of Public Health, Boston, Massachusetts, USA
³Boston University School of Medicine and VA Boston Healthcare System, Boston, Massachusetts, USA
⁴National Center for PTSD at VA Boston Healthcare System & BUSM, Boston, Massachusetts, USA

Based on research linking the NDRG gene family to depression, neurite outgrowth, stress, and neurodegeneration, the present study sought to examine whether allelic variation in NDRG genes is associated with posttraumatic stress disorder (PTSD). 491 White non-Hispanic trauma-exposed veterans and their partners were assessed for PTSD with the Clinician Administered PTSD Scale (CAPS) and genotyped. Regression models calculated main and interaction effects of single nucleotide polymorphisms (SNPs) as predictors of PTSD controlling for age, sex and population substructure. Multiple-testing correction adjusted across SNPs within each gene. There were significant effects of NDRG1 rs2272653 and NDRG4 rs1013491 on PTSD severity ($p_{\text{cor}}=.013$; $p_{\text{cor}}=.016$), and of rs1013491 on PTSD diagnosis ($p_{\text{cor}}=.024$). There were no significant main effects for NDRG2 or NDRG3. However, there were nominally significant SNP x trauma severity interactions in all four genes ($p<.05$), and a significant NDRG3 rs56159798 x trauma severity interaction on PTSD severity ($p_{\text{cor}}=.033$). The findings support a role of NDRG genes in PTSD, likely via stress-related pathways. We will examine whether NDRG variants impact comorbidities with other disorders and neurodegeneration in PTSD cases to explore how this allelic variation is translated into the PTSD phenotype.

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Background: Prior research suggests that the CHRNA5 gene may influence susceptibility to posttraumatic stress disorder (PTSD); however, this finding has not been replicated by an independent research group to date. The present study tested for possible associations between smoking, genetic variation in CHRNA5 and other members of the nicotinic receptor gene family (CHRNA2, CHRNA3, CHRNA4, CHRNA6, CHRNA7, CHRNA9, CHRNA10, CHRNB2, CHRNB3, CHRNB4), and the occurrence of PTSD in two large samples primarily composed of veterans. Methods: Clinical interviews were used to diagnose PTSD in 925 non-Hispanic Black (NHB) and 743 non-Hispanic White (NHW) participants. Trauma history and smoking status were assessed with self-report. Results: No significant main effects or single nucleotide polymorphism (SNP) x smoking interactions were observed among NHB participants; however, within the NHW subset of participants, a novel association between rs12898919 in CHRNA5 and PTSD was observed (odds ratio = 2.37, 95% CI: 1.453-3.866, $p = .0005476$). Conclusions: The findings from the present study provide continued support for the potential role of the CHRNA5 gene in susceptibility to PTSD; however, additional research is needed to replicate the specific SNP from CHRNA5 that was associated with PTSD in the present study.

WR 119**DRD2, DAT1, COMT, and OXTR Genes as Potential Moderators of the Relationship between Maternal History of Maltreatment and Infant Emotion Regulation**

(Abstract #422)

Poster #WR 119 (Res Meth, Bio Med, Fam/Int, Genetic, Intergen, Lifespan) M - N/A**Villani, Vanessa**¹, Levitan, Robert², Gonzalez, Andrea³, Kennedy, James², Masellis, Mario⁴, Atkinson, Leslie¹¹Ryerson University, Toronto, Ontario, Canada²Center for Addiction and Mental Health (CAMH), Toronto, Ontario, Canada³McMaster University, Hamilton, Ontario, Canada⁴University of Toronto, Toronto, Ontario, Canada

Background: Gene-environment (GXE) interaction models have demonstrated that genes moderate parental factors (i.e., maternal depression) to predict outcomes related to emotion regulation (e.g., affective problems). This is the first study to examine infant genes by maternal maltreatment history interactions as they influence infant emotion regulation. Method: Five rationally selected infant genotypes (DRD2, DAT1, COMT, OXTR rs53576, and OXTR rs2254298) were examined in interaction with maternal history of maltreatment (Childhood Trauma Questionnaire; CTQ) to predict infant emotion regulation behaviors. Roisman et al.'s (2012) criteria were used to determine GXE model. Results: In a vantage sensitivity model, infants with the DRD2 (A1+) and COMT (Met) alleles, when exposed to mothers with lower scores on CTQ, fared better in terms of regulation than their non-susceptible counterparts. In a diathesis-stress model, infants with the "risk" DAT1 (absence of 10-repeat) allele, when exposed to mothers with a greater history of maltreatment, tended to fare worse in terms of regulation behaviors. Conclusions: Differences in genetic interaction models suggest an adaptive variation in genetic vulnerability and vantage sensitivity, across an infant's genome, increasing the possibility for optimal self-regulation outcomes.

TRAUMA, HEALTH & PRIMARY CARE SIG**WR 120****Blood Pressure Medication Usage Associated with Lower PTSD symptoms Following Trauma Exposure: an Observational Prospective Study**

(Abstract #315)

Poster #WR 120 (Bio Med, Anx, Bio/Int, Prevent, Adult) M - Industrialized**Michopoulos, Vasiliki**, Rothbaum, Barbara, Ressler, Kerry
Emory University School of Medicine, Atlanta, Georgia, USA

Cross-sectional data indicates that traumatized individuals on blood pressure (BP) medications [angiotensin-converting enzyme inhibitors (ACEs) and angiotensin receptor blockers (ARBs)] report lower PTSD symptoms. We examined whether usage of BP medication attenuates PTSD symptom following trauma exposure in a prospective Emergency Department (ED) study. Participants with hypertension (N=18) were enrolled at a level-1 trauma center after having experienced a DSM criterion A event. Participants were assessed in the ED and at follow-up (1-, 3-month) using the PTSD Symptom Scale. Use of BP medications was collected via self-report, and categorized into those not on any BP medications, those taking ACE/ARBs, and those taking non-ACE/ARBs BP medication. Individuals with hypertension who were not on BP medication had significantly higher levels of PTSD symptoms following trauma exposure than individuals who were using BP medication (including ACE/ARBs) at 1- (p<.001) and 3-month (p=.004) post-trauma. These preliminary findings support prior observations that BP medication usage is associated with fewer PTSD symptoms in traumatized civilians, and suggest a novel pharmacological approach with which to attenuate the development of PTSD following trauma exposure. As patients continue to be enrolled and are evaluated at 1- and 3-month follow-ups, we will expand our sample size.

INTERGENERATIONAL TRANSMISSION OF TRAUMA & RESILIENCE SIG

WR 121

Family Trauma and Toddlers' Externalizing Problems: a Multiple Mediation Model

(Abstract #1462)

Poster #WR 121 (Clin Res, Chronic, Fam/Int, Lifespan) M - Industrialized

Markowicz, Katrina, Ashtiani Raveau, Hasti, Hose, Shari, Dorman, Hillary, Bocknek, Erika
Wayne State University, Detroit, Michigan, USA

Previous research has identified links between trauma, children's psychopathology, and negative parent-child relationships (Herbers et al., 2014; Cohen et al., 2008). These links are particularly concerning among low-income families at risk for neighborhood and interpersonal trauma (Cunradi et al., 2002; Wadsworth et al., 2008). Research utilizing parental reports is critical to understanding pathways by which family trauma impacts toddlers' externalizing behaviors, an early childhood psychopathology precursor (Campbell, Shaw & Gilliom, 2000). The present study analyzed secondary data from the National Early Head Start Research and Evaluation Project to examine whether the relationship between family trauma and 36-month-old toddlers' externalizing problems is mediated by parent-child relationships and/or parental depression (N=596). A multiple mediation model was performed using bootstrapping (Preacher & Hayes, 2008). Results demonstrate that the relationship between family trauma and toddlers' externalizing outcomes is fully mediated through mother-child relationship quality, father-child relationship quality, and maternal depression, but not paternal depression ($F(8,587)=27.25$, $p=.000$, $R^2=.271$). Findings highlight the importance of addressing parent-child relationships and parental depression to reduce the impacts of trauma on toddlers' socioemotional development.

WR 122

Maternal Parenting Representations and Parenting Behavior Mediate the Effect of Prenatal Intimate Partner Violence on Child Trauma Symptoms at Age 2

(Abstract #1556)

Poster #WR 122 (Clin Res, Dev/Int, DV, Fam/Int, Psych, Lifespan) I - N/A

Smagur, Kathryn, Garcia, Antonia, Bernard, Nicola, Bogat, G. Anne, Levendosky, Alytia
Michigan State University, East Lansing, Michigan, USA

Children exposed to intimate partner violence (IPV) prenatally and postnatally are at risk for exhibiting trauma symptoms, and maternal parenting quality may play a key role in whether children are at risk for developing symptoms. Research shows that the traumatic stress of IPV disrupts a mother's ability to parent effectively, possibly due to disruptions in her parenting representations (representations of herself as a parent and of her child) caused by the IPV. The current longitudinal study ($n=194$) examined whether parenting representations (age 1) and harsh discipline (age 2) mediated the effect of IPV exposure (prenatal and age 1) on child trauma symptoms (age 2). Prenatal, but not postnatal, IPV was related to trauma symptoms. Parenting representations and behaviors fully mediated the effect of prenatal IPV on child trauma symptoms; prenatal IPV predicted dysregulated/detached parenting representations, leading to harsh discipline, in turn predicting trauma symptoms. Results highlight the importance of caregiving in the development of children's trauma symptoms. Pregnant women who experience IPV may subjectively experience their children as violent or worry about their parenting efficacy while in a violent relationship. These parenting representations result in the use of harsh discipline, which heightens the effects of prenatal IPV exposure on children's trauma symptoms.

PSYCHODYNAMIC RESEARCH & PRACTICE SIG

WR 123

Belief in a Benevolent World Buffers the Effect of Combat on PTSD Severity

(Abstract #1473)

Poster #WR 123 (Assess Dx, Mil/Vets, Adult) I - Industrialized

Hundert, Carol¹, Jordan, Alexander¹, Wortmann, Jennifer², Litz, Brett³

¹Boston VA Healthcare System, Boston, Massachusetts, USA

²Massachusetts Veterans Epidemiological Research and Information Center, VA Boston Healthcare System, Boston University, Boston, Massachusetts, USA

³VA Boston Health Care System/Boston University, Boston, Massachusetts, USA

We tested whether beliefs about the benevolence of the world prior to deployment predicted PTSD symptoms following combat exposure in a cohort of U.S. Marines evaluated prospectively (N=867; see Nash et al., 2014). Participants filled out various measures for the parent study; for this analysis, we utilized the Benevolence of the World subscale of the Janoff-Bulman World Assumptions Scale (WAS; Janoff-Bulman, 1989), the Clinician Administered PTSD Scale (Blake et al., 1990), and the Combat Experiences Scale of the Deployment Risk and Resilience Inventory (King et al., 2006). Scores on the WAS did not change over the study period, suggesting that these beliefs are stable over time in this sample even after combat exposure. In a model predicting PTSD severity at 8 months post-deployment, controlling for pre-deployment PTSD severity [$F(3,225) = 7.30, p < .001$], there was a significant interaction between pre-deployment WAS scores and combat exposure ($\beta = .46, p < .05, \Delta R^2 = .02$) such that higher combat exposure was related to greater emergence of PTSD symptoms only in Marines with more negative beliefs about the benevolence of the world. Further analyses revealed that depression did not explain the effect of world benevolence beliefs. These results suggest that believing that the world is more good than bad may be a protective factor in the face of exposure to combat stressors.

WR 124

Childhood Maltreatment Exposure and Disruptions in Emotion Regulation: A Transdiagnostic Pathway to Adolescent Internalizing and Externalizing Psychopathology

(Abstract #986)

Poster #WR 124 (Clin Res, Affect/Int, Aggress, CPA, Depr, Child/Adol) M - Industrialized

Heleniak, Charlotte¹, Jenness, Jessica², Vander Stoep, Ann¹, McCauley, Elizabeth¹, McLaughlin, Katie¹

¹University of Washington, Seattle, Washington, USA

²Denver University, Denver, Colorado, USA

Child maltreatment is a robust risk factor for internalizing and externalizing psychopathology in children and adolescents. We examined the role of disruptions in emotion regulation processes as a developmental mechanism linking child maltreatment to the onset of multiple forms of psychopathology in adolescents. Specifically, we examined whether emotional reactivity and maladaptive cognitive and behavioral responses to distress mediated the association between child maltreatment and diverse forms of psychopathology. Study 1 included a sample of 168 adolescents recruited based on exposure to physical, sexual, or emotional abuse. Study 2 included a sample of 354 adolescents in a community-based cohort study followed prospectively for five years. In both samples, child maltreatment was associated with higher levels of internalizing and externalizing psychopathology, elevated emotional reactivity, and greater habitual engagement in rumination and impulsive responses to distress. Emotional reactivity and maladaptive responses to distress mediated the association between child maltreatment and both internalizing and externalizing psychopathology. These findings provide converging evidence for the role of emotion regulation deficits as a transdiagnostic developmental pathway linking child maltreatment with multiple forms of psychopathology.

TERRORISM & BIOTERRORISM RELATED TRAUMA SIG

WR 125

Treating Post-9/11 Veterans and their Families: Assessment of Evidence Based Practices and Training Needs among Community Clinicians in New England
(Abstract #1224)

Poster #WR 125 (Train/Ed/Dis, Clinical Practice, Pub Health, Train/Ed/Dis, Prof) I - Industrialized

Richards, Lauren¹, Bui, Eric¹, Charney, Meredith¹, Clair-Hayes, Kathy², Baier, Allison², Simon, Naomi¹
¹Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA
²Massachusetts General Hospital, Boston, Massachusetts, USA

Although many post-9/11 veterans seek mental health services in the community, little is known about the capacity of community providers to provide high quality, evidence based services. We surveyed community mental health care providers (N = 352, Mean age = 52.1 years, SD=12.8; 82% women; 23% clinical psychologists; 69% Masters-level clinicians) about their experience treating military personnel, use of evidence based treatments for posttraumatic stress disorder (PTSD), and barriers to receiving training. Overall, 49% of providers indicated they seldom or never use validated PTSD screening instruments. Only 34.4% reported prior training in either Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT). However, of those, 75% reported using PE and/or CPT in their practice, with those who received supervision as part of their training being significantly more likely to use PE/CPT compared to those who did not (57.6% vs. 93.2%, $p<0.001$). Among those who have not received PE or CPT training (N = 198), barriers to participation included time away from work (56.1%), cost (52%), and lack of convenient training opportunities (13.6%). Results suggest that training in empirically supported PTSD assessments and treatments, development of strategies to decrease cost of training and burden of time away from clinic, and implementation of case supervision are needed in the community.

WR 126

Individual Differences in Stability and Change in Posttraumatic Stress after a Workplace Bomb Attack
(Abstract #802)

Poster #WR 126 (Social, Acute, Assess Dx, Health, Terror, Adult) M - Industrialized

Birkeland, Marianne¹, Hansen, Marianne¹, Blix, Ines¹, Fjeld-Solberg, Øivind¹, Heir, Trond²
¹Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway
²Norwegian Centre for Violence and Traumatic Stress Studies and University of Oslo, Oslo, Norway

The objective of the present study was to describe individual differences in stability and changes in level of posttraumatic stress across the time period from ten months to three years after a workplace bomb attack, and to identify relevant predictors of individual variation in both stability and change components of posttraumatic stress across this time period. This study used longitudinal survey data from ministerial employees collected ten, 22, and 34 months after the 2011 Oslo bombing (N = 2485). We applied latent growth curve analysis to examine development and relationships to predictors. In average, level of posttraumatic stress declined across the time period from ten months to three years after the incident. Being proximate to the bomb attack, female sex, and neuroticism were associated with higher levels of posttraumatic stress at ten months, whereas social support was associated with lower levels of posttraumatic stress. Female gender and neuroticism predicted a faster decline in posttraumatic stress, whereas social support predicted a slower decline of posttraumatic stress across time. The results suggest that female gender and neuroticism may be indicators of higher reactivity after a traumatic incident. Proximity and high exposure however, seems to have a lasting influence on posttraumatic stress, and may lead to a chronic course of posttraumatic stress.

THEORY & TRAUMATIC STRESS STUDIES SIG

WR 127

Self-Efficacy Mediates the Relationship between Unit Support and PTSD Severity in a Cohort of U.S. Marines

(Abstract #706)

**Poster #WR 127 (Assess Dx, Comm/Int, Mil/Vets,
Theory, Adult) I - Industrialized**

Tankersley, Amelia¹, Nash, William², Litz, Brett³

¹Boston VA Healthcare System, Boston,
Massachusetts, USA

²Boston VA Research Institute, Boston,
Massachusetts, USA

³VA Boston Health Care System/Boston University,
Boston, Massachusetts, USA

In this analysis of a cohort of highly combat-exposed Marines from the Marine Resiliency Study (MRS; Baker et al., 2012; Nash et al., 2015), a prospective evaluation of posttraumatic stress disorder (PTSD), we tested whether self-efficacy ~1-month post-deployment (measured by the self-efficacy sub-scale of the Response to Stressful Experiences Scale; Johnson et al., 2011) mediated the relationship between unit support (assessed with the Deployment Social Support Scale on the Deployment Risk and Resilience Inventory; King, King, & Vogt, 2003) and PTSD severity ~8-months post-deployment (indexed with the Clinician-Administered PTSD Scale for DSM-IV; Blake et al., 1995). Our results suggest that the association between unit support and post-deployment PTSD severity is mediated by perceived self-efficacy ($z' = -2.75$, $p < 0.01$). This finding is consistent with prior cross-sectional studies and the enabling hypothesis (Schwarzer & Knoll, 2007; Smith, Benight, & Bandura, 2013), which posits that social support strengthens perceived self-efficacy (via explicit encouragement pertaining to one's coping abilities, modeling of self-efficacious behavior, etc.), thereby facilitating better outcomes following exposure to potentially traumatic events.

WR 128

Exploring Dynamics and Attachment Behaviors in Single- and Dual-Trauma Couples

(Abstract #117)

**Poster #WR 128 (Practice, Fam/Int, Theory,
Adult) M - Industrialized**

Oseland, Lauren, Schwerdtfeger Gallus, Kami
Oklahoma State University, Stillwater, Oklahoma,
USA

The recent expansion of research in traumatic stress and associated intra- and interpersonal effects has led to an evolution in the conceptualization and treatment of trauma. While much has been done to explore relational dynamics in couples where one partner is the identified trauma survivor (STC), there are few empirical evaluations of dyads where both partners have experienced traumatic events (DTC). Using a sample of 35 couples, this study examined how relational dynamics are affected by trauma when one versus both partners are survivors. Four actor-partner interdependence models were developed. Results revealed that the more severe the husband's PTSD symptoms in DTC, the lower relationship satisfaction and fewer secure attachment bonds he reported. Further, the more traumas experienced by wives, the lower husbands' relationship satisfaction in STC. Within DTCs, wives' number of traumas related to more attachment in males. Finally, greater PTSD symptoms in DTC males related to more relational distress in females. There may be unique, gender-specific variables that influence trauma's impact on couple dyads and attachment. Findings from the present study invite a more dynamic conceptualization of the recursive relationship between trauma, interpersonal relationships, and broader contextual factors that mediate the expression and duration of traumatic stress.

TRAUMA & SUBSTANCE USE DISORDERS SIG

WR 129

Integrated Cognitive Behavioral Therapy versus Cognitive Processing Therapy for Adults with Depression, Substance Use Disorder, and Trauma: PTSD and Depression Outcomes

(Abstract #484)

Poster #WR 129 (Clin Res, Clinical Practice, Depr, Sub/Abuse, Adult) M - Industrialized

Haller, Moira¹, Cummins, Kevin², Xu, Xiaomin², Cui, Ruifeng¹, Norman, Sonya³, Tate, Susan¹

¹VA San Diego Healthcare System, San Diego, California, USA

²Department of Psychiatry, University of California, San Diego, La Jolla, California, USA

³National Center for PTSD, San Diego, California, USA

The comorbidity of substance use disorder (SUD), depression, and PTSD is common among veterans. In earlier studies, we found that veterans with SUD, depression, and trauma histories did not maintain depression treatment gains as well as participants without trauma history. Thus, we evaluated whether adding trauma focused treatment after a group-based integrated cognitive behavioral treatment (ICBT) for SUD and depression improved outcomes. Participants were 123 outpatient veterans (89% male) with SUD, depression, and trauma history. All participants received ICBT for SUD and depression (ICBT) in twice weekly, group sessions for 12 weeks (Phase 1). We then randomized participants to receive individual sessions of ICBT or cognitive processing therapy (modified to integrate SUD treatment; CPT-M) for 12 sessions (Phase 2). PTSD and depression symptoms were assessed at intake, end of Phases 1 and 2, and quarterly for one year. Results indicated that PTSD and depression symptoms significantly improved after Phase 1 and further improved after Phase 2 (averaging across conditions), with treatment gains maintained through follow-up. However, trajectories of PTSD and depression symptoms did not significantly differ between treatment conditions. Contrary to hypotheses, CPT-M did not result in greater reductions or better maintenance of PTSD or depression symptoms compared to ICBT.

WR 130

The Impact of Adverse Childhood Events in Cannabis Users on Stress and Craving Responses and Oxytocin Effects Following a Laboratory Stressor

(Abstract #229)

Poster #WR 130 (Bio Med, CPA, Bio/Int, Sub/Abuse, Adult) M - Industrialized

Chowdhury, Nadia¹, Sheerin, Christina², Baker, Nathaniel³, Amstadter, Ananda¹, Kahn, Maheen⁴, McRae-Clark, Aimee³

¹Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

²Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA

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

⁴Virginia Commonwealth University, Richmond, Virginia, USA

Oxytocin, a neuropeptide, has been shown to attenuate the stress response and modulate drug use. Childhood trauma has exhibited a potential moderating effect on response to oxytocin administration. This pilot study investigated the moderating role of childhood adverse experiences (Adverse Childhood Experiences scale; ACE) on the effects of oxytocin on anxiety and craving. In a laboratory setting, baseline measurements of craving (Marijuana Craving Questionnaire, MCQ), salivary cortisol and DHEA, and subjective measures of stress and anxiety were collected from cannabis dependent participants (N=16). Oxytocin or placebo was administered intranasally prior to the Trier Social Stress Task (TSST) with measures re-assessed following, and 5-, 35-, and 60-mins post-TSST. High ACE scores evidenced a change in DHEA profile in response to oxytocin (F13,53=1.8; p=0.063) and maintained an elevated stress response following the TSST (F1,59=4.3; p=0.042). Findings suggest a potential moderation effect, with oxytocin administration attenuating craving response following the TSST for high ACE scores (MCQ: F13,59=2.4; p=0.013). Future studies characterizing the effects of oxytocin on stress- and cue-induced craving, combined with information on moderators (e.g., prior trauma), will aid in understanding the clinical utility of oxytocin administration for cannabis use disorders.

TRAUMATIC LOSS & GRIEF SIG**WR 131****Investigating the Impact of Disaster Exposure and Trauma History on Vicarious Traumatization**

(Abstract #1851)

Poster #WR 131 (Global, Acc/Inj, Comm/Int, Grief, Adult) A - E Asia & Pac**Joo, Hyesun**, Cho, Yoonhwa, Ahn, Hyunnie
Ewha Womans University, Seoul, South Korea

Worldview change is a long-term consequences of trauma. The Sewol ferry disaster in 2014 shook Korean society, and this study aimed to investigate how people's worldviews changed depending on the level of disaster exposure and their past trauma history. Exposure group members were survivor or acquaintances of victims or victims' family and friends. Past trauma experiences are categorized as 1) no previous trauma, 2) interpersonal trauma, and 3) non-interpersonal trauma. Participants completed a demographic questionnaire, Trauma History Checklist (THC; Joo, et al., 2008), and the World Assumptions Scale (WAS; Janoff-Bulman, 1989) eight months past the incident. 431 participants were divided into four groups; 1) no exposure and no past trauma (n=308), 2) exposure and no past trauma (n=29), 3) exposure and non-interpersonal trauma (n=56), and 4) exposure and interpersonal trauma (n=38). MANOVA searched for differences amongst the four groups on eight WAS subscales, and ANOVA was conducted for follow-up tests. Results show that exposure and no past trauma group view the world less good and/or safe and believe bad things less preventable than the rest. This may indicate that exposure to a disaster has a greater impact on worldview when they have no trauma history, at least during the first year.

WR 132**Complicated Grief in Returning Combat Veterans**

(Abstract #485)

Poster #WR 132 (Clin Res, Death, Grief, Mil/Vets, Adult) M - Industrialized**Seay, Kathryn**¹, Zisook, Sidney²¹*San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, California, USA*²*University of California, San Diego, San Diego, California, USA*

Complicated grief (CG), defined as unusually intense and debilitating grief lasting six months or longer following the death of a loved one, is a serious clinical condition. Identifying the prevalence of CG, combat-loss, and associated mental and physical health symptoms among returning veterans is important. Chi Square, ANCOVA, and MANCOVA analyses were used to assess the association of combat-loss and CG with PTSD, depression, suicidal ideation (SI), and mental and physical health functioning in 993 veterans. 74.6% reported the loss of a combat buddy, family member, or close friend. 25.1% of those reported the loss was combat-related. Veterans with combat-loss were significantly more likely to screen positive for CG, had greater PTSD severity, depression severity, and worse mental and physical health functioning than those with non-combat losses. 19.9% of those with loss screened positive for CG. Veterans with CG had greater PTSD severity, depression severity, SI, and worse mental and physical health functioning than those without CG. Both combat-loss and CG were significant predictors of PTSD and depression severity and were uniquely associated with distress and impairment among returning veterans. Combat-loss was found to be a unique risk factor for the development of CG and highlights the importance of routinely screening for loss and CG in veteran populations.

DIVERSITY & CULTURAL COMPETENCE SIG

(With WR 109)

WR 133

Gender Role Stress among Veteran Survivors of Sexual Trauma

(Abstract #1641)

**Poster #WR 133 (CulDiv, Clin Res, Rape,
Mil/Vets, Adult) I - N/A**

Juan, Mary Joyce¹, **Butler, Ebony**², **Nunnink, Sarah**³, **McCulloch, Robert**², **Vergara, Genesis**², **Allard, Carolyn**²

¹VA San Diego Healthcare System, San Diego, California, USA

²VA San Diego Healthcare System / UCSD, San Diego, California, USA

³VA San Diego Healthcare System / UCSD, La Jolla, California, USA

For survivors, the power dynamics in sexual trauma both reinforce female stereotypes of passivity among women and undermine traditional gender expectations of power among men, adding further distress to trauma. Indeed, research suggests that traditionally masculine aspects of identity mitigate deleterious effects of trauma (Valdez & Lilly, 2014). Accordingly, this study explored gender roles and trauma-related outcomes, hypothesizing that movement away from traditional gender expectations is related to worse outcomes for men (vs. women). The sample comprised 126 female and 82 male Veterans with histories of interpersonal trauma, including military sexual trauma, seeking treatment at a VA specialty PTSD clinic. In addition to mental health (PTSD symptoms, depression, suicidality, alcohol/drug use), we assessed gender role stress, which is produced when perceived as not "feminine" (e.g., emotional, nurturing; Gillespe & Eisler, 1992.) or "masculine" (e.g., physically fit, intellectual; Eisler & Skidmore, 1987). Preliminary analyses suggest that for men, being perceived as gentle/emotional was related to more depression. In contrast, for women, being perceived as neglectful, assertive, unattractive, and unemotional were related to increased PTSD (r 's= .25-.44) and depression (r 's= .22-.35), $p < .05$. Overall, results suggest that gender roles may be more influential for women.

Author Attended Poster Session Two
Friday, November 6
5:30 p.m. to 7:00 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One on Thursday, the Featured Poster Presentations at the Welcome Reception, or Author Attended Poster Session Two on Friday, and includes a time period when the presenting author is available to answer questions.

Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is on the previous page.

Key:

Poster # Number (Primary keyword, Secondary Keywords, Population type) Presentation Level – Region

Keyword type descriptions can be found on page 2.

Regions and Population Types can be found on page 3.

Presentation levels and descriptions can be found on page 3.

Session Two: Friday, November 6

Poster Setup: 8:00 a.m. – 10:30 a.m.

Poster Viewing: 10:30 a.m. – 5:30 p.m.

Author Attended Poster Session: 5:30 p.m. – 7:00 p.m.

Poster Dismantle: 7:00 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.

Friday Poster Session Two Distribution Map

Preservation Hall – 2nd Floor



Friday Poster Distribution

101 – 155	Assess Dx	244 – 386	Clin Res
156 – 166	Commun	387 – 396	Cul Div/Global
167 – 174	Res Meth	397 – 402	Social
175 – 194	Prevent	403 – 411	Train/Ed/Dis
195 – 218	Practice	403 – 411	Self Care
219 – 243	Bio Med	415 – 416	Tech

ASSESSMENT AND DIAGNOSIS

FRI 101

If You Teach It, They Will Engage: How does Additional Psychoeducation Affect Treatment Outcomes for Military Veterans Referred for an EBP for PTSD

(Abstract #1866)

Poster #FRI 101 (Practice, Clin Res, Mil/Vets, Adult) I - N/A

Walton, Jessica, Arseneau, Julie, Cuccurullo, Lisa-Ann, Stewart, Heather, Bradley, John, McManus, Eliza
Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

Many factors may influence military veterans' willingness to engage in Evidence-Based Psychotherapy (EBP) for Posttraumatic Stress Disorder (PTSD) within a Veterans Affairs medical center (VAMC). Some veterans are ready to engage immediately upon admission to a PTSD program, but others may express ambivalence or the need to feel "more prepared" before engaging in intensive trauma-focused psychotherapy. For those who do engage in an EBP for PTSD, the retention rates are less than ideal. Therefore, in an attempt to enhance participation in and completion of an EBP, a psychoeducation and skills based group was implemented at a VAMC located in the southern U.S. The current study seeks to examine the effectiveness of this 8-week Trauma 101 group in enhancing participation in and completion of an EBP for PTSD among approximately 160 military veterans, by comparing the completion rates of this group to that of a group of 160 veterans who directly entered an EBP for PTSD following admission to the PTSD program. Special attention will be paid to the subgroup of OEF/OIF/OND veterans, who are frequently discussed in the literature as difficult to engage. Findings will be discussed in terms of future directions for EBP psychoeducation and PTSD treatment.

FRI 102

Consistency is Key: Do Military Veterans Endorse the Same Symptoms on the Self-Report PCL-5 and Clinician-Administered CAPS-5?

(Abstract #465)

Poster #FRI 102 (Assess Dx, Clinical Practice, Mil/Vets, Adult) - N/A

Walton, Jessica¹, Maieritsch, Kelly², Cuccurullo, Lisa-Ann¹, Vaught, Amanda¹, Franklin, C¹
¹Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA
²Hines VA Hospital, Chicago, Illinois, USA

The PTSD Checklist for DSM-5 (PCL-5) is widely used in the assessment of Posttraumatic Stress Disorder (PTSD) in veteran populations. However the validity of symptom self-report cannot be evaluated, in that veterans' may not fully understand symptom prompts. The current study will examine 400 PCL-5s from two VA clinics to determine how veterans present on this measure of DSM-5 PTSD symptoms. Specifically, we will examine (1) how often D2, D3 and D4 are coded present; (2) how often D2, D3, D4 are coded present in conjunction with one another; (3) the impact D symptoms have on the meeting of Criterion D and on the PTSD diagnosis hit rate as a whole; (4) the relationship between the presence of D2, D3, and D4 in relation to the presence of behavioral symptoms in criterion E. Findings will be examined against clinician-rated symptoms in a subsample of veterans (n = 20) to examine differences in clinician-ratings and veteran ratings. Findings will draw attention to the veteran's report of experiences, diagnostic clarity, and future directions.

FRI 103

Is It the Thought that Counts?: The Relationship between Thoughts, Mood, and Behaviors in the New PTSD DSM-5 Criteria

(Abstract #466)

Poster #FRI 103 (Assess Dx, Clinical Practice, Adult) - N/A

Ball, Jacqueline¹, Franklin, C¹, Cuccurullo, Lisa-Ann¹, Walton, Jessica¹, Vaught, Amanda¹, Hallinan, Thomas¹, Mansur, Leyla², Thompkins, Madison¹, McPhillips, Kaitlyn³
¹Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA
²Loyola University, New Orleans, Louisiana, USA
³Tulane University, New Orleans, Louisiana, USA

Additions to DSM-5 PTSD criteria include symptoms that capture the way trauma affects individuals' thinking patterns and emotions. These symptoms include negative beliefs about self, others, or the world (D2) and negative emotional state (D4). For clinicians working with trauma survivors, it is evident that these processes change following trauma. However, addition of these symptoms poses questions regarding how to accurately and exclusively code when there are emotional, cognitive, and behavioral aspects of a single symptom (e.g., Is it possible to experience hypervigilance (E3) without

experiencing negative beliefs about others or the world (D2) and/or fearful emotional state (D4)?) To test these conceptual concerns, 50 veterans (projected sample of 100) were administered the CAPS-5 as part of treatment intakes at a VA. Chi Square analyses will examine the proportion of participants who report hypervigilance (E3) or irritability (E1) in conjunction with D2 (thoughts) and/or D4 (emotions). Combinations of symptoms will be examined to understand how often thoughts, emotions, and behaviors are coded together or irrespective of each other (e.g., D2 with and without D4 or E1)). It is hoped that increased understanding of potential overlap in these symptoms will help clinicians devise rules to minimize conflation and maximize symptom distinction.

FRI 104

Avoiding the Pitfall of Double-Coding Cognition: The Importance of Correct Measurement on the CAPS-5

(Abstract #463)

Poster #FRI 104 (Assess Dx, Affect/Int, Cog/Int, Adult) - N/A

Vaught, Amanda¹, Cuccurullo, Lisa-Ann¹, Ball, Jacqueline¹, Walton, Jessica¹, Hallinan, Thomas¹, Mansur, Leyla², Thompkins, Madison¹, McPhillips, Kaitlyn³, Franklin, C¹

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

²*Loyola University, New Orleans, Louisiana, USA*

³*Tulane University, New Orleans, Louisiana, USA*

The DSM-5 diagnosis of PTSD includes new cognitive and emotional criteria: negative beliefs about self, the world, and others (D2); cognitions related to self/other blame (D3); and negative emotional states (D4). These changes are reflected in the CAPS-5, which does not provide much guidance distinguishing between these items, perhaps contributing to double coding, and superficially inflating diagnosing PTSD. For example, the cognition: "I should have known better" could be coded as either D2 or D3. Additionally, cognitive theory assumes that that cognitive appraisals produce direct emotional and behavioral reactions (Beck, 1976). Therefore, it would follow that D4 is endorsed when D2 and/or D3 are present. We seek to better understand overlap of these items on the CAPS-5. Using 50 CAPS-5 collected in treatment intake assessments, the current study examines (1.) how often D2 and D3 are coded in conjunction with one another and (2.) how the endorsement of D2, D3, or D2+D3 impact coding on D4. Results will be discussed in terms of the evolution of assessment for PTSD via DSM-5, diagnostic clarity, and future directions.

FRI 105

Eating Disorders and Posttraumatic Stress Disorder: An Overlooked Comorbidity in the Veteran Population

(Abstract #1223)

Poster #FRI 105 (Assess Dx, Complex, Adult) I - N/A

Vaught, Amanda¹, Piazza, Vivian¹, Mansur, Leyla², Franklin, C¹

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

²*Loyola University, New Orleans, Louisiana, USA*

PTSD is shown to be highly comorbid with eating disorders (ED; Mitchell et al., 2012; Mantero et al., 2002; Lipschitz et al., 1996). Veterans are at an increased risk for trauma, yet few studies have examined this diagnosis in this population. One study found that female combat Veterans were 1.78 times more likely to report a newly onset-ED after returning from deployment (Jacobson et al., 2009). Two studies showed EDs were present after MST (Forman-Hoffman et al., 2012; Suris et al., 2008). Thus, EDs may be an important yet unnoticed comorbidity in a Veteran/PTSD population. This exploratory study seeks to understand the comorbidity of EDs in a Veteran population with PTSD. Two hundred participants completed self-report questionnaires asking about demographics, PTSD (PCL-5; Weathers et al., 2013), depression (BDI; Beck et al., 1996), eating disorders (EDDS; Stice et al., 2000), and shame (ESS; Andrews et al., 2002). Chi-square analyses will be used to examine the prevalence of comorbid eating disorders with PTSD. We expect to find that approximately 30% of our sample meets sub or full threshold criteria for an eating disorder. Comorbidity, proper assessment, and dual-diagnosis treatment for Veterans will be discussed.

FRI 106

Trauma Type, Gender, or Veteran Status: Accounting for Differences between Endorsements of Shame and Guilt after Trauma

(Abstract #1222)

Poster #FRI 106 (Assess Dx, Clinical Practice, Adult) I - N/A

Vaught, Amanda¹, Cuccurullo, Lisa-Ann¹, Dwyer, Meagan², Franklin, C¹

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

²University of Kansas School of Medicine, Kansas City, Kansas, USA

Shame, defined as an emotional response associated with a sense of public exposure of some mistake or failure resulting in negative evaluation of self (Tangney et al., 1996), and guilt, a construct comprised of both negative affect and beliefs or cognitions about whether an event could have been foreseen/prevented (Kubany et al., 2003) are differentially reported across trauma samples. One study found that shame is reported significantly more in civilian samples ($cM = 59.5$ (19.9), $vM = 34.5$ (22.2), $p = .001$) and guilt in combat Veteran samples ($cM = 60.2$ (21.5), $vM = 86.3$ (16.8), $p = .001$; Vaught et al., 2014). However, authors were unable to conclude if observed differences were due to trauma type, gender, or Veteran status. We seek to further clarify if which of these variables can account for the aforementioned findings. In this study, we will compare female Veteran's with military sexual trauma (MST; $n = 50$) to a female civilian domestic-violence ($n = 156$) and male combat Veteran ($n = 50$) sample. Self-report questionnaires that assess demographics, depression (CES-D; Radloff, 1997), PTSD (PDS; Foa et al., 1997), guilt (TRGI; Kubany, et al., 1996) and shame (ESS; Andrews et al., 2002) were used. Differences will be examined between shame and guilt between the collected samples.

FRI 107

Social Support and PTSD in Veterans with Military Sexual Trauma

(Abstract #1405)

Poster #FRI 107 (Assess Dx, Comm/Int, Rape, Mil/Vets, Adult) - Industrialized

Erb, Sarah¹, Bovin, Michelle², Black, Shimrit³, Marx, Brian⁴, Rosen, Raymond⁵, Keane, Terence⁶

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

²VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts, USA

³VA Boston Healthcare System, Boston, Massachusetts, USA

⁴National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

⁵New England Research Institutes, Inc., Watertown, Massachusetts, USA

⁶VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA

Studies of military personnel have found that higher levels of social support (SS) are associated with decreased posttraumatic stress disorder (PTSD) severity (e.g., Han et al, 2014). However, traumatic

experiences and their sequelae are not homogenous. Thus, it cannot be assumed that SS is equally protective for all types of trauma. It may be that SS is less beneficial for veterans who experience military sexual trauma involving assault (MST-A), possibly because of stigma associated with MST-A. Therefore, we hypothesized that MST-A would moderate the relationship between SS and PTSD severity, such that SS would be less protective of veterans who had experienced MST-A compared with those who had not experienced MST-A. The present study used data from the Veterans After-Discharge Longitudinal Registry (Project VALOR). Our results indicated that SS at Time 1 significantly predicted PTSD at Time 2 for those without MST-A ($b^* = -.06$, $p < .05$); however, SS was not significantly predictive of PTSD at Time 2 for those who had experienced MST-A ($b^* = .02$, $p = .81$). These results suggest that SS is not protective against the development of PTSD for veterans who have experienced MST-A. Given this, the risk and protective mechanisms for the development of PTSD in those with MST-A appear to be unique and should be investigated further.

FRI 108

Reports of Military Sexual Trauma Among Returning Veterans: Who Are We Missing?

(Abstract #1406)

Poster #FRI 108 (Assess Dx, Rape, Mil/Vets, Adult) - Industrialized

Bovin, Michelle¹, Black, Shimrit², Erb, Sarah³, Street, Amy⁴, Marx, Brian⁵, Rosen, Raymond⁶, Keane, Terence⁷

¹VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts, USA

²VA Boston Healthcare System, Boston, Massachusetts, USA

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

⁴National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA

⁵National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

⁶New England Research Institutes, Inc., Watertown, Massachusetts, USA

⁷VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA

The Veterans' Health Administration (VHA) military sexual trauma (MST) screening program was developed to ensure that veterans receive appropriate services. However, the VHA MST screen may not successfully identify all MST survivors. The current study compared MST reports on the VHA screen with

those during a subsequent structured interview with another mental health professional. Participants were 1283 veterans from the Veterans' After Discharge Longitudinal Registry (Project VALOR). The majority of the sample (77.2%) was concordant in their MST reporting. A significant minority (21.7%) reported MST on the interview but not on the screen. When compared with those who disclosed MST on both the screen and the interview (17.2%), those who reported MST on the interview only were more likely to be male [$\chi^2 = 15.22$; $p < .001$]. The groups were not significantly different on levels of impairment or alcohol use (both t s $< .80$; both p s $> .40$). Although the two groups did not differ on treatment seeking rates, participants who disclosed MST during the interview only were more likely to report that they did not seek services because they were afraid it would harm their career [$t(298.70) = 2.87$; $p < .01$]. The implications of these findings will be discussed.

FRI 109

Utility of Repeated Screening for Military Sexual Trauma

(Abstract #1404)

Poster #FRI 109 (Practice, Assess Dx, Rape, Adult) - Industrialized

Black, Shimrit¹, Erb, Sarah², Bovin, Michelle³, Green, Jonathan⁴, Marx, Brian⁵, Rosen, Raymond⁶, Keane, Terence⁷

¹VA Boston Healthcare System, Boston, Massachusetts, USA

²National Center for PTSD and VA Boston Healthcare System, Boston, Massachusetts, USA

³VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts, USA

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

⁵National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

⁶New England Research Institutes, Inc., Watertown, Massachusetts, USA

⁷VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA

In 1999, the Veterans Health Administration (VHA) implemented a procedure for screening of prior military sexual trauma (MST) among veterans. Given the stigma/shame of reporting sexual trauma in the military (Hosoda et al., 2009; Turchik et al., 2013), research is necessary to further inform MST screening procedures, particularly the utility of repeated assessments. We examined MST screening results, focusing on frequency of changed reporting over time, particularly in those veterans who initially decline to respond (Decliners). Participants

were 1,642 Operation Enduring Freedom/Operation Iraqi Freedom Veterans (55.8% Caucasian, Mage = 37.41, 43.3% females), in the Veterans' After-Discharge Longitudinal Registry. MST screening data were pulled from Veteran electronic medical records. Results indicated that Veterans were generally screened for MST more than once ($M = 1.29$, $SD = .66$). Approximately 18% of the sample endorsed MST (96.7% female). However, 41.1% did not initially endorse MST, changing their response over the course of inquiries. Of the Decliners ($n = 39$; 18% male), 95% were screened more than once ($M = 2.79$, $SD = 1.609$). 100% of rescreened Decliners changed their response across screenings, with 54.1% endorsing MST over time (100% female). Repeated screening of MST, may prevent missed screenings, particularly of female veterans.

FRI 110

Assessing the Differential Relationships between Latent Factors of the Moral Injury Events Scale with a Range of Psychopathologies and Aversive Behaviours

(Abstract #476)

Poster #FRI 110 (Assess Dx, Mil/Vets, Adult) - Industrialized

Armour, Cherie¹, Contractor, Ateka², Robinson, Jake¹, Robinson, Martin¹, Elhai, Jon², Pietrzak, Robert³

¹University of Ulster, Coleraine, Northern Ireland, United Kingdom

²University of Toledo, Toledo, Ohio, USA

³National Center for PTSD, West Haven, Connecticut, USA

Litz and colleagues define events likely to lead to Moral Injury as transgressive acts. Specifically, a transgressive act is one in which an individual perpetuates, fails to prevent, bears witness to, or learns about acts that transgress deeply held moral beliefs and expectations. The Moral Injury Events Scale (MIES) measures transgressive acts yet few studies have assessed the latent structure of the MIES. Nash and colleagues reported two latent groups of 1) perceived transgressions of self and others and 2) perceived betrayals. Alternative latent structures comprise between 1 and 3 factors. The current study aimed to investigate the latent structure of the MIES in a nationally representative sample of US veterans who had served in combat or a war-zone ($n = 564$). Using Confirmatory Factor Analyses we assessed three competing MIES models. Poor fit was found across all models. Subsequently we utilized Exploratory Factor Analyses and found a four-factor model resulting in excellent fit to the data. Additional analyses assessed the differential relationships

between the four MIES latent factors with a range of psychopathologies and aversive behaviours.

FRI 111

The Interaction between Moral Injury and Posttraumatic Stress Disorder Symptoms in Predicting Hostility and Suicidal Ideation in a Group of Combat Exposed Veterans

(Abstract #477)

Poster #FRI 111 (Res Meth, Mil/Vets, Adult) - N/A

Durham, Tory¹, Byllesby, Brianna², Claycomb, Meredith¹, Elhai, Jon¹, Pietrzak, Robert³

¹University of Toledo, Toledo, Ohio, USA

²University of Toledo, Department of Psychology, Toledo, Ohio, USA

³National Center for PTSD, West Haven, Connecticut, USA

Combat exposure is known to have persistent mental health consequences on soldiers. The present study examined moral injury's relationship with PTSD symptom clusters in predicting hostility and suicidal ideation. A combat-exposed sample of veterans ($n = 422$) was utilized to examine the interaction of PTSD symptom clusters (i.e. NAMC, reexperiencing, avoidance, AAR) and the perceived transgressions subscale of the Moral Injury Scale (MIS-PT) in predicting hostility and current suicidal ideation. Results are as follows: significant direct and interaction effects ($B = .132, p = .001$) of NAMC and MIS-PT predicting hostility and significant direct and interaction effects ($B = .146, p < .001$) of AAR and MIS-PT predicting hostility. No significant interaction effects were found between PTSD symptom clusters of NAMC, reexperiencing and avoidance and MIS-PT in predicting suicidal ideation although significant direct effects were found. Moral injury is a relatively new and understudied construct in the literature and the aforementioned results add to this literature such that PTSD's well-known relationship with hostility/aggression was moderated by the moral injury concept. Although there were no significant indirect effects between PTSD symptom clusters and moral injury in predicting suicidal ideation, the direct effects illuminate a new potential avenue for research.

FRI 112

A Review Clinical and Empirical Literature on Moral Injury in Combat Veterans

(Abstract #478)

Poster #FRI 112 (Practice, Clin Res, Mil/Vets, Theory, Adult) - Industrialized

Frankfurt, Sheila, Frazier, Patricia

University of Minnesota, Minneapolis, Minnesota, USA

Our goal was to review empirical and clinical data relevant to transgressive acts and moral injury and encourage future research by identifying gaps in the current literature. Over the past 20 years, clinical attention has turned to the psychological impact of veterans' participation in war—killing, committing atrocities, and violating the rules of engagement—rather than focusing exclusively on life-threatening experiences. The moral injury construct was proposed to describe the suffering some veterans experience when they engage in “transgressive acts” during combat that violate their beliefs about their own goodness or the world. Veterans with moral injury are proposed to suffer from a constellation of re-experiencing and avoidance symptoms, self-harm and demoralization. Although the concept of moral injury is gaining popularity among clinicians and the wider public, very little empirical data on moral injury is available. Findings regarding the prevalence of transgressive acts and the relative strengths and limitations of the moral injury model will be presented. Recommendations for future research and intervention planning for veterans suffering with moral injury will be discussed.

FRI 113

The Relationship between Moral Injury, Psychopathology, and Desirability of Military Experiences

(Abstract #479)

Poster #FRI 113 (Assess Dx, Depr, Mil/Vets, Adult) - Industrialized

Byllesby, Brianna¹, Durham, Tory², Armour, Cherie³, Elhai, Jon², Pietrzak, Robert⁴

¹University of Toledo, Department of Psychology, Toledo, Ohio, USA

²University of Toledo, Toledo, Ohio, USA

³University of Ulster, Coleraine, Northern Ireland, United Kingdom

⁴National Center for PTSD, West Haven, Connecticut, USA

Moral injury (MI), perpetrating/witnessing acts that transgress deep moral beliefs, is a common experience among combat veterans. We analyzed data from a nationally representative sample of 503 U.S. combat veterans (Age Range = 20-92), using the Moral Injury Events Scale (MIES), PCL-5, PHQ-2 for depression, & a measure of desirable & undesirable consequences of the military. Four hierarchical regressions were conducted. After adjusting for combat exposure severity, both perceived transgressions ($B = 4.70, SE = .80, \beta = .29, p < .01$) &

perceived betrayals ($B = 3.27$, $SE = .78$, $\beta = .20$, $p < .001$) predicted PTSD symptoms; & transgressions ($B = .33$, $SE = .07$, $\beta = .23$, $p < .01$) & betrayals ($B = .27$, $SE = .07$, $\beta = .19$, $p < .01$) predicted depressive symptoms. Both types of MI predicted undesirable consequences of the military: transgressions ($B = 2.57$, $SE = .40$, $\beta = .31$, $p < .01$) & betrayals ($B = 1.61$, $SE = .39$, $\beta = .19$, $p < .01$). MI was negatively associated with desirable consequences of the military: transgressions ($B = -1.59$, $SE = .47$, $\beta = -.18$, $p < .01$), betrayals ($B = -1.34$, $SE = .46$, $\beta = -.15$, $p < .01$). Results suggest that MI is related to increased severity of PTSD and depressive symptoms, as well as various consequences of military experience. They highlight the importance of assessing MI in prevention and treatment efforts targeted toward combat veterans.

FRI 114

The Latent Relationships between Posttraumatic Stress Disorder and Distress Tolerance

(Abstract #690)

Poster #FRI 114 (Assess Dx, Theory, Adult) M - Industrialized

Byllesby, Brianna¹, Durham, Tony², Claycomb, Meredith², Charak, Ruby³, Elhai, Jon²

¹University of Toledo, Department of Psychology, Toledo, Ohio, USA

²University of Toledo, Toledo, Ohio, USA

³VU University, Amsterdam, North Holland, Netherlands

Distress tolerance has been found to be associated with various types of psychopathology, including posttraumatic stress disorder (PTSD). However, little is known about the latent relationships between these two phenomena and how this relationship could potentially impact treatment. The present sample consisted of 419 trauma-exposed undergraduates who were given self-report measures of PTSD (PTSD Checklist for DSM-5; PCL-5) and distress tolerance (Distress Tolerance Scale; DTS). Three confirmatory factor analyses (CFA) were conducted: the 4-factor DSM-5 PTSD model, 4-factor intercorrelated DTS model with second-order factor, and combined 5-factor PTSD/DTS model, which was used in subsequent analyses and met criteria for excellent model fit. All 4 PTSD factors were significantly negatively associated with the higher order DTS factor (Re-experiencing = $-.426$; Avoidance = $-.375$; NAMC = $-.459$; AAR = $-.450$). Six Wald tests of parameter constraints were conducted, comparing the magnitude of relations between each PTSD factor and the DTS factor. Results indicated only the NAMC factor was significantly more related to DTS than the Avoidance factor, $\chi^2(1) = 4.947$, $p = .026$. Results

suggest that distress tolerance and PTSD are highly related, and individuals presenting clinically with severe NAMC and AAR symptomatology could potentially benefit from distress tolerance training.

FRI 115

Latent Profiles of DSM-5 PTSD Symptoms and the "Big Five" Personality Traits

(Abstract #1407)

Poster #FRI 115 (Assess Dx, Mil/Vets, Adult) - Industrialized

Contractor, Ateka¹, Armour, Cherie², Shea, M. Tracie³, Mota, Natalie⁴, Pietrzak, Robert⁵

¹University of Toledo, Toledo, Ohio, USA

²University of Ulster, Coleraine, Northern Ireland, United Kingdom

³Alpert Medical School of Brown University, Providence, Rhode Island, USA

⁴Yale University School of Medicine, National Center for PTSD, New Haven, Connecticut, USA

⁵National Center for PTSD, West Haven, Connecticut, USA

Three personality typologies are commonly observed in trauma survivors with PTSD symptoms: internalizers, externalizers, and simple PTSD. We assessed PTSD-personality typologies, and class differences in DSM-5 PTSD symptom cluster severity (PTSD Checklist-5), personality dimensions (Tem-Item Personality Inventory), coping styles (Brief COPE), and treatment options in a sample of 1,266 trauma-exposed U.S. military veterans. Latent profile analyses indicated a best-fitting 5 class solution: PTSD asymptomatic and emotionally stable (54.4%); predominant re-experiencing and avoidance symptoms and less emotionally stable (7.4%); subsyndromal PTSD (25.4%); predominant negative alterations in mood/cognitions and combined internalizing-externalizing traits (6.9%), and high PTSD symptom severity and combined internalizing-externalizing traits (5.9%). Classes differed in severity of all PTSD symptom clusters, although not on all personality dimensions. Class differences in psychotherapy and psychotropic medication utilization; and the use of denial, active coping, emotional and instrumental support, self-distraction, and behavioral disengagement were found. Results highlight (1) consideration of PTSD symptoms, personality traits and coping styles to outline heterogeneity after trauma exposure for clinical treatment; and (2) addressing emotional stability in trauma-based treatment.

FRI 117

Impulsivity Facets' Predictive Relations with PTSD Symptoms

(Abstract #1409)

Poster #FRI 117 (Assess Dx, Affect/Int, Adult) - Industrialized

Roley, Michelle¹, Contractor, Ateka¹, Weiss, Nicole², Elhai, Jon¹

¹University of Toledo, Toledo, Ohio, USA

²Yale University School of Medicine, New Haven, Connecticut, USA

PTSD and personality-based impulsivity have a well-established tie. UPPS Impulsive Behavior Scale's four factors assess personality facets related to impulsivity: lack of premeditation and perseverance negatively relate to conscientiousness, urgency relates to neuroticism, and sensation-seeking relates to extraversion. We examined the relationship between personality-based impulsivity and DSM-5 PTSD symptom clusters. We hypothesized that urgency and sensation-seeking would predict PTSD symptom clusters. The PCL and UPPS were given to 412 non-clinical adults with a trauma history based on the Stressful Life Events Screening Questionnaire. Multiple regression analyses indicated that urgency predicted PTSD's arousal ($\beta = .344$, $t = 4.554$, $p < .001$); mood and cognitions ($\beta = .187$, $t = 2.352$, $p = .019$). Sensation-seeking predicted intrusions ($\beta = -.175$, $t = -2.204$, $p = .028$). Lack of premeditation predicted arousal ($\beta = .198$, $t = 2.373$, $p = .018$), and lack of perseverance predicted mood and cognitions ($\beta = .193$, $t = 2.288$, $p = .023$) and arousal ($\beta = .225$, $t = 2.812$, $p = .005$). Thus, PTSD's arousal is best predicted by urgency, lack of premeditation and lack of perseverance; it may have the strongest relationship with impulsivity. Urgency and lack of perseverance comparatively predict more PTSD symptoms. Treatment for PTSD-impulsivity could target urgency, lack of perseverance, and PTSD's arousal.

FRI 118**Anger Attacks: A Posttraumatic Response among Refugees Compounded by Harsh Immigration Policies and Independent of PTSD**

(Abstract #1607)

Poster #FRI 118 (Social, Aggress, Comm/Vio, Refugee, Theory, Adult) - Industrialized

Berle, David¹, Momartin, Shakeh², Aroche, Jorge³, Coello, Mariano³, Silove, Derrick⁴

¹University of New South Wales, Randwick, NSW, Australia

²Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, NSW Australia, Carramar, NSW, Australia

³South Western Sydney Area Health Service, Sydney, NSW, Australia

⁴University of New South Wales, Sydney, NSW, Australia

Anger attacks appear to be a trauma response independent of PTSD (Silove et al, 2009). The ADAPT model (Silove, 2013) proposes that anger may arise in traumatised individuals following experiences of injustice. Refugees may be exposed to injustice by harsh migration processing policies (e.g., detention). We report the first study of anger attacks in a recently resettled (4.7 months prior; SD=4.6) refugee population in Australia. 116 Persian-speaking refugees were assessed for pre-migration trauma experiences (Harvard Trauma Experiences Questionnaire), extent of harsh migration processing experiences (Detention Experiences Checklist), current PTSD symptoms (Harvard Trauma Questionnaire), anger attacks (Anger Attacks Questionnaire), and anxiety and depressive symptoms (Hopkins Symptoms Checklist). In line with previous research, current PTSD symptoms were predicted by premigration trauma ($\beta = 0.12$, $p = 0.045$) and experience of harsh migration processing ($\beta = 0.76$, $p < 0.001$), although not anger attacks, anxiety or depression. Presence of anger attacks was predicted by premigration trauma experiences ($\text{Exp}(B) = 1.07$, $p < 0.01$) and harsh migration processing ($\text{Exp}(B) = 1.04$, $p = 0.01$), although not PTSD, anxiety, or depression. Anger attacks among refugees may therefore be a posttraumatic outcome that is partially independent of PTSD and compounded by immigration related experiences of injustice.

FRI 121**Reliability and Validity of the Korean Version of Lifetime Stressor Checklist-Revised in Outpatients with Anxiety and Depressive Disorders**

(Abstract #1626)

Poster #FRI 121 (Assess Dx, Acute, Adult) M - Industrialized

Choi, Kangrok¹, **Kim, Daeho**¹, Bae, Hwallip², Kim, Seokhyeon¹

¹Hanyang University, Seoul, Seongdonggu, South Korea

²Myongji Hospital, Ilasan, Gyeonggi, South Korea

Objective: This study investigated the reliability and validity of the Korean version of Lifetime Stressor Checklist-Revised (LSC-R) in a cohort of psychiatric outpatients. Methods: A final sample of 258 outpatients with anxiety or depressive disorders patients were recruited at a psychiatric department of university-affiliated teaching hospital. The self-report data included the Life Events Checklist (LEC), the Symptom Checklist-90-Revised, the Beck Depression Inventory, the Zung Self-rating Depression and Anxiety Scales, and the Impact of Events Scale-

Revised in addition to LSC-R. Another convenient sample of 50 medical students were administered LSC-R for two occasions by three week-interval for test-retest reliability. Results: Mean Kappa for temporal stability was 0.65 and Cronbach alpha was 0.72. Concurrent validity was excellent with corresponding event items on LEC. Convergent validity was good with symptoms of PTSD, depression, and anxiety. An exploratory factor analysis revealed 11 factors explaining 64.3 % of total variance. Conclusion: This study revealed good psychometric properties of the Korean version of LSC-R further supporting its use in clinical research and practice with Korean speaking population.

FRI 122

Exposure-Specific Symptom Formation and Longitudinal Dynamic Interplay within Post-traumatic Stress Symptomatology

(Abstract #590)

Poster #FRI 122 (Assess Dx, Acute, Dev/Int, Terror, Adult) A - Industrialized

Fjeld-Solberg, Øivind, Birkeland, Marianne, Blix, Ines, Hansen, Marianne, Heir, Trond
Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

Objective: To examine long-term trajectories of post-traumatic stress symptomatology, with specific focus on dynamic symptom interplay in individuals directly and indirectly exposed to terror. **Method:** Post-traumatic stress symptomatology (Post-traumatic Checklist, PCL) was assessed 3 times in 1 year increments (T1, T2 and T3) following the Oslo bombing 22nd of July, 2011, in directly and indirectly exposed Government employees (DirectEx N= 256 and IndirectEx N=2218), together with demographics, measures of exposure and peri-traumatic reactions. The natural course and dynamic interplay of PTSD symptom clusters (5-factors) were examined within a SEM framework using cross lagged autoregressive panel model design. **Main results:** In both exposure groups intrusions had a prominent role in predicting anxious-arousal and avoidance at T2 and T3. Dysphoric-arousal at T1 was associated with all symptom clusters at T2, but most strongly associated with emotional numbing. **Conclusions:** Our findings highlight the important dynamic interplay between intrusions and anxious-arousal symptoms. We propose that intrusions function as the "fuel" that ignites the anxious-arousal "sparkplug", and together these primary symptoms create the psychological "engine" that drives symptom development and dynamic interplay in PTSD over time. Implications for theory and practice are discussed.

FRI 123

Sexual Trauma and Loss Aversive Decision Making

(Abstract #1768)

Poster #FRI 123 (Assess Dx, Acute, Assess Dx, CSA, Orient, Adult) I - Global

Chae, Jeong-Ho, **Huh, Hyu Jung**, Huh, Seung
The Catholic University of Korea, Seoul, South Korea

A total of 48 outpatients diagnosed with depressive disorders completed Childhood Trauma Questionnaire (CTQ). Using sub-score of CTQ assessing sexual abuse, we divided patients into two groups such as sexual abused group and non-sexual abused group. Risk aversion and loss aversion are quantified using probability discounting and 50-50 gamble monetary decision making under risk. Wilcoxon rank sum test was used to compare the degree of Risk aversion and loss aversion between sexual abused group and non sexual abused group. Among 48 patients, 12 patients were classified as sexual abused group and 36 patients were belonged to non-sexual abused group according to CTQ score. No association was found between the degree of risk aversion and sexual abuse. However, the degree of loss aversion, which represented as λ was different significantly between sexual abused group and non sexual abused group (3.78 vs 2.23, <0.036). Loss aversion in valuation process, not risk aversion is related with sexual trauma in depressive patients. The distortion in valuation process seemed to be related with psychiatric symptoms and psychological functioning of people with sexual trauma. Further study would be necessary to investigate specific psychological function related with loss aversion in sexual traumatized person.

FRI 124

Functional Impairment in OEF/OIF Veterans is Negatively Correlated with Future Self-Continuity

(Abstract #1771)

Poster #FRI 124 (Assess Dx, Acute, Cog/Int, Mil/Vets, Theory, Adult) M - Global

Rahman, Nadia¹, Kouri, Nicole², Hershfield, Hal³, Bryant, Richard⁴, Marmar, Charles², Brown, Adam²
¹NYU School of Medicine/Bellevue Hospital, New York, New York, USA
²New York University School of Medicine, New York, New York, USA
³UCLA, Los Angeles, California, USA

⁴*University of New South Wales, Sydney, NSW, Australia*

Although Posttraumatic Stress Disorder (PTSD) is often characterized as a disorder of the past, there is a burgeoning body of empirical research demonstrating that PTSD is also associated with maladaptive cognitions of the future. For example, individuals with PTSD often exhibit poor decision-making skills about the future, such as impulsivity and risk taking behavior. Drawing from the field of neuroeconomics, the lack of future planning might reflect a lack of Future Self Continuity (FSC), the extent to which a person believes that their current self overlaps with their future self. Studies show that greater FSC is positively associated with greater financial patience and lower levels of impulsivity. This study examined whether PTSD was associated with differences in FSC. Thirty OEF/OIF veterans with and without PTSD completed the Posttraumatic Diagnostic Scale (PDS), the BDI-II, and the Future Self-Continuity Scale (FSCS). Although FSC was not associated with BDI-II and PDS symptom scores, there was a significant negative correlation between FSCS and functional impairment scores on the PDS. That is, the less continuity one felt between their current and future self the greater their impairment. Therefore, these findings offer preliminary evidence that functional impairment associated with PTSD may reflect a lack of perceived continuity with one's future self.

FRI 125

Exposure to Violence in Ferguson, MO: Understanding Experiences and Reactions of Law Enforcement and Community Residents
(Abstract #1248)

Poster #FRI 125 (Assess Dx, Aggress, Chronic, Comm/Vio, Social, Adult) - Industrialized

Galovski, Tara, Peterson, Zoe, Beagley, Marin, Strasshofer, David
University of Missouri St. Louis, St. Louis, Missouri, USA

On August 9, 2014, Michael Brown was fatally shot by a Ferguson police officer followed by violent protests. This study details the experiences of police (287) and residents (289) who stood the line. We assessed differences across groups on demographics, trauma history, and stress reactions to understand the personal contexts in which the violence occurred. We then tested a model assessing the influence of exposure, media influence, fear, community connection, and life interruption on outcomes such as PTSD, depression and anger. Using SEM, results showed good model fit $\chi^2 = 7.4$ with 12 df ($p = .8$). We then considered race as a moderator across study

groups. For PTSD, 4 predictors were significant for Whites fear from exposure (.24), media exposure (.17), life interruptions (.17; not sig. for Blacks). For depression, 3 predictors were significant for Whites (fear from exposure (.21), life interruptions (.21; not sig. for blacks) for whites, and media exposure for both), with the remainder being marginal ($p < .1$). For anger, 3 predictors were significant, but, for whites, life interruptions had a much higher standardized coefficient (.26). Implications for a community struggling to heal will be discussed.

FRI 126

Psychiatric Diagnoses in U.S. Soldiers: The Identification of Mental Health Problems Relative to Soldier Deployments
(Abstract #863)

Poster #FRI 126 (Assess Dx, Anx, Social, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Harb, Gerlinde¹, Taylor, Christine², Griffis, Heather², Ross, Richard¹, Lynch, Kevin³, Rubin, David²
¹*Philadelphia VA Medical Center, Philadelphia, Pennsylvania, USA*
²*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*
³*University of Pennsylvania, Philadelphia, Pennsylvania, USA*

Since 2001, U.S. Army units have experienced frequent combat-related deployments to Iraq and Afghanistan. Research has documented significant mental health consequences in soldiers and veterans primarily using self-report assessments. This study expands the literature by examining the identification of mental health issues among 402,830 active duty soldiers utilizing TRICARE claims data to index diagnoses identified by clinicians in relation to deployments (2001-2007). Soldiers were predominantly male (87%) and enlisted (83%). Overall, 28.8% of soldiers received a psychiatric diagnosis; this included 2.3% with PTSD, 5.6% with adjustment-related, 2.8% with anxiety, 4.9% with mood, and 3.2% with substance-related diagnoses. Lower rates of mental health diagnoses were identified in officers and warrant officers (21%; 23% respectively) compared to enlisted soldiers (30%); higher rates were identified in female vs male soldiers (45% vs 26%). PTSD diagnoses, increased by deployment frequency, from 1.7% among the non-deployed, to 2.5% for once-deployed and 3% for twice-deployed soldiers. Similar patterns were found for adjustment- and substance-related diagnoses. Additional analyses will report on differences in the rates of diagnoses before, after or between deployments. Implications of these findings for identification of mental health problems in the military will be discussed.

FRI 127**The Moderating Role of Distress Tolerance in the Relationship between Rumination and Trauma-Related Sequelae**

(Abstract #1003)

Poster #FRI 127 (Assess Dx, Anx, Cog/Int, Sub/Abuse, Adult) M - N/A*London, Melissa, Boykin, Derrecka, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois, USA*

Ruminative thinking related to trauma exposure is associated with negative outcomes, such as posttraumatic stress disorder (PTSD; Michael, Halligan, Clark, & Ehlers, 2007) and substance use disorders (Caselli et al., 2010). Less is known about factors that influence the strength of this association. Although many psychosocial interventions incorporate the promotion of distress tolerance, few studies have examined the role of distress tolerance on the relationship between rumination and trauma-related psychopathology. The present study examined distress tolerance as a moderator in the relationship between rumination and PTSD as well as alcohol use. Data were utilized from 374 trauma-exposed adults. Results showed that distress tolerance moderated the relationship between rumination and PTSD symptoms, but not alcohol use. At low levels of distress tolerance, trauma victims with high rumination reported greater PTSD symptoms than trauma victims with low rumination. Specifically, avoidance and hyperarousal symptoms changed at varying levels of rumination and distress tolerance. These findings suggest that, whereby the interaction of distress tolerance and rumination may influence changes in PTSD severity, these variables may not contribute to the maintenance of co-morbid PTSD and alcohol use.

FRI 128**Single versus Multi-type Childhood Maltreatment: Relationships with Anxiety, Depression, and Executive Functioning in Early Adulthood**

(Abstract #572)

Poster #FRI 128 (Assess Dx, Anx, CPA, Cog/Int, Depr, Adult) I - Industrialized*Hildenbrand, Aimee, Turner, Elise, Nicholls,
Elizabeth, McCurdy, Mark, Daly, Brian
Drexel University, Philadelphia, Pennsylvania, USA*

Exposure to childhood maltreatment may alter brain circuitry development, yet few studies have investigated the impact of level of exposure on neurocognitive and psychological functioning in adulthood. This study compared executive functions (EF) and mental health outcomes among early adults with history of single vs. multiple types of childhood maltreatment. 112 individuals ($M=20.42$ years ± 1.40) completed performance-based assessments of EF (D-KEFS) and self-report measures of childhood maltreatment (CTQ), anxiety (BAI), depression (BDI-II), and EF (BRIEF-A). Young adults with history of multiple types of childhood maltreatment (36%) endorsed more current symptoms of anxiety [$F(2)=3.64$, $p=.03$] and depression [$F(2)=7.53$, $p=.001$] than those who experienced either a single type (22%) or no maltreatment (42%). Those who suffered multiple forms of maltreatment reported poorer metacognition [$F(2)=3.06$, $p=.05$], even when controlling for depression and anxiety. Group differences approached significance for performance-based assessments of semantic fluency ($p=.07$) and inhibition/switching ($p=.07$), holding depression and anxiety constant. Findings highlight increased mental health and metacognitive difficulties among early adults with history of multiple forms of childhood maltreatment, underlining the importance of targeted screening and intervention for this population.

FRI 129**Factor Structure of the Inventory of Altered Self-Capacities in Trauma-Exposed College Students**

(Abstract #423)

Poster #FRI 129 (Assess Dx, Assess Dx, CPA, CSA, Complex, Adult) M - Industrialized*Feiszli, Kevin, Witte, Tracy, Weathers, Frank
Auburn University, Auburn, Alabama, USA*

The Inventory of Altered Self-Capacities (IASC; Briere & Runtz, 2002) is a 63-item, self-report measure of deficits in a range of functional self-capacities, including relatedness, identity, and affect control. Linked to childhood trauma, these deficits lead to significant psychosocial impairments and diminished quality of life. Although the IASC is a promising measure of self-capacities, few psychometric studies have investigated its underlying factor structure. The present study investigated the dimensionality of IASC scores, using exploratory factor analysis. Trauma-exposed undergraduates ($N=400$) completed an online administration of the IASC. Results supported a 5-factor model as being the best-fitting model. These factors were defined as: Unstable Mood and Relationships, Identity Impairment, Aggression, Idealization-Disillusionment, and Hypersexuality. The majority of items were found to be significantly cross-

loaded onto more than one factor ($r_s=.22$ to $.73$). Results were suggestive of a more parsimonious model than the 10-factor model indicated by previous factor analytic work. However, future research is needed to determine the stability of the five-factor model, investigate the novel findings of the aggression and unstable mood and relationships factors, and determine if scale revision is warranted.

FRI 130
Heart Rate Reactivity and Disengagement Coping Strategies Predict Functional Impairment in Female Interpersonal Violence Survivors

(Abstract #1541)

Poster #FRI 130 (Assess Dx, Bio Med, Rape, Adult) I - N/A

Delgado, Rebecca, Preston, Brittany, Griffin, Michael
 University of Missouri St. Louis, St Louis, Missouri, USA

A positive association has been demonstrated between hyperarousal symptoms and social functioning impairment, as well as between disengaging coping strategies and subjective distress in trauma survivors. The current study examined heart rate reactivity (HRR) and disengagement coping as predictors of functional impairment as assessed by the CAPS Criterion F (social and occupational dysfunction and subjective distress) and subjective physical reactivity as reported by the Physical Reactions Scale (PRS) in female interpersonal violence survivors ($N = 35$) six months posttrauma. HRR was measured during startle presentation across 10 trials and disengagement was assessed using the Coping Strategies Inventory. HRR and disengagement were both significant predictors of functional impairment based on Criterion F ($F(2,33) = 10.69, p < .001$), with disengagement ($\beta = .39$) and HRR ($\beta = .37$) making nearly equal contributions. The model predicting PRS with HRR and disengagement was also significant ($F(2,33) = 8.09, p = .001$). However, only disengagement made a significant contribution ($p = .01; \beta = .45$). Further analyses show disengagement significantly predicted social dysfunction, subjective distress, and the frequency and severity PRS subscales. Findings suggest both hyperarousal and avoidance measures predict functional impairment posttrauma.

FRI 131
DSM-5 PTSD Symptom Clusters and Suicide in a Sample of Veterans

(Abstract #1804)

Poster #FRI 131 (Assess Dx, Chronic, Complex, Res Meth, Mil/Vets, Adult) M - Industrialized

Harris, Julia¹, Kearns, Jaclyn², Marx, Brian³, Nock, Matthew¹, Green, Jonathan⁴

¹Harvard University, Cambridge, Massachusetts, USA

²National Center for PTSD, VA Boston Healthcare System, Department of Psychology, Harvard University, Boston, Massachusetts, USA

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

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

Given the alarming suicide rate among Veterans, research is devoted to examining the relationship between posttraumatic stress disorder (PTSD) and suicidal thoughts (SI) and attempts (SA; Nock et al., 2009). Recent research has examined the presence of specific PTSD symptoms, some finding that emotional numbness relates to SI (Davis et al., 2014) and others finding that avoidance and negative alterations in mood relate to SI and SA (Legarreta et al., 2015). This research provides a strong start to understanding the relationship between PTSD symptoms and suicidal behavior; more work is needed that incorporates the changes made to PTSD symptom clusters established in the DSM-5. The current design utilizes the PTSD Checklist for the DSM-5 (PCL-5; Weathers et al., 2013), and the Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock et al., 2007) to examine the relationship between PTSD symptoms and SI experienced within the past month in a sample of all-era Veterans ($N=59$). Preliminary analyses reveal a significant positive correlation between symptom Clusters B (re-experiencing; $r=.35, p=.01$) and D (negative alterations in mood and affect; $r=.52, p<.001$) to the number of days of active SI experienced in the past month. Data collection for this study is ongoing and future analyses will include the examination of combat exposure, PTSD symptomatology, and suicide.

FRI 132
Development of a Coding System for Traumatic Narratives

(Abstract #1162)

Poster #FRI 132 (Assess Dx, Chronic, Clinical Practice, DV, Adult) M - Industrialized

Fernández-Lansac, Violeta, Crespo, Maria, Gómez-Gutiérrez, M. Mar, Soberón, Carmen
 Universidad Complutense De Madrid, Madrid, Spain

Linguistic analysis of narratives about life experiences is a common approach to study autobiographical memories. In the traumatic stress field, different

authors have used language measures to analyze how traumatic events are remembered (Crespo & Fernández-Lansac, in press; O'Kearney & Perrott, 2006). Among these, software programs, such as Linguistic Inquiry and Word Count (LIWC) by Pennebaker, Francis, and Booth (2001), are developed to compute different words categories (e.g. affective, cognitive, perceptual words) often used in written texts. However these programs don't take into account the language context; while traditional qualitative instruments, that do consider it, have poor reliability. This study presents a highly structured coding system to evaluate several narrative aspects, useful especially for trauma memories assessment. It considers important structural and content language dimensions (e.g. emotions, cognitive processes, event impact, coherence), to be coded by raters using both dichotomous (presence/absence) and numerical values (Likert scale). Trauma narratives from 50 battered women have been evaluated according to the system developed. Three blind raters have coded every narrative. The coding system structure and application standards, and its inter-rater reliability will be provided. Practical and research implications of this proposal will be discussed.

FRI 133
Healthcare Cost Comparisons as a Function of the Presence or Absence of Post-Traumatic Stress Disorder in a Sample of Victims of Violent Crime
 (Abstract #509)

Poster #FRI 133 (Assess Dx, Clin Res, Health, Social, Adult) I - Industrialized

Fortin, Christophe¹, Félin-Germain, Alix², Guay, Stéphane¹

¹Université de Montreal & Centre d'Etude du Trauma, Montréal, Quebec, Canada

²Faber Group Synergy, Montreal, Quebec, Canada

Objective: The current study investigates healthcare costs arising from the presence of post-traumatic stress disorder among victims of violent crime.
Method: A total of 151 individuals, aged between 18 and 65, having been exposed to a violent crime during the previous month were recruited as part of an ongoing psychological treatment research. Patients were classified in two groups based on their diagnosis of post-traumatic stress disorder (PTSD), assessed with the Clinician Administered PTSD Scale. They were compared on the costs of four healthcare dimensions (visit to a general practitioner, visit to a specialized practitioner, medication intake, visit to another health professional) using a 19-question semi-structured interview. Only the costs resulting from the consequences of the aggression were retained. Means and categorical classification of

the costs for the two groups were compared using respectively t tests and c2. Results: Data revealed that participants from the PTSD disorder group presented significantly higher healthcare costs on all 4 dimensions ($p < .01$) than the asymptomatic PTSD patients. Conclusions: Victims of violent crime with PTSD present higher healthcare costs. Strategies for adequate prevention and early detection of PTSD are discussed as they can help significantly reduce the financial costs of violent crimes.

FRI 134
Rates and Predictors of PTSD Assessment via PTSD Checklist in the VA
 (Abstract #1472)

Poster #FRI 134 (Assess Dx, Clin Res, Clinical Practice, Mil/Vets, Adult) I - Industrialized

Sripada, Rebecca, Pfeiffer, Paul, Ganoczy, Dara, Bohnert, Kipling
 VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan, USA

Evidence-based assessment is critical to the facilitation of evidence-based treatment. The PTSD Checklist (PCL) is a standardized, evidence-based measure of PTSD used by VA, but the factors associated with PCL administration in VA are unknown. Rates and timeliness of PCL administration were examined among all VA patients who received a new PTSD diagnosis in FY2013 (N=393,065). Associations between PCL administration and demographic characteristics, psychiatric comorbidities, and medical comorbidities were examined. 12% of individuals with a new PTSD diagnosis in FY2013 received a PCL within 3 months of their diagnosis. Mean time from PTSD diagnosis to first PCL was 23 days. Patients who received a PCL within this timeframe were more likely to be younger, female, minority race, have depression, other anxiety disorders, alcohol use disorders, sleep disorders, or TBI, and had lower medical comorbidity scores. Patients who received a PCL were less likely to have dementia, bipolar disorder, psychotic disorders, or personality disorders (all $p < .05$). In conclusion, only a minority of individuals received a PCL within 3 months. Older veterans and those with serious mental illness and greater medical comorbidity are less likely to receive a PCL. Efforts to increase PTSD symptom assessment are needed in order to improve diagnostic accuracy and facilitate measurement-based care in VA.

FRI 135**A Confirmatory Factor Analysis of the PCL-5 in Veteran and College Student Populations**

(Abstract #1028)

Poster #FRI 135 (Assess Dx, Clin Res, Res Meth, Adult) I - Industrialized*Eddinger, Jasmine, Luciano, Matthew, Tripp, Jessica, Henschel, Aisling, McDevitt-Murphy, Meghan
University of Memphis, Memphis, Tennessee, USA*

An important change in the conceptualization of posttraumatic stress disorder (PTSD) has been the shift from a three-factor model used in the DSM-IV-TR to the current four-factor model used in DSM-5. Early research initially supported the three-factor model, but most recent data suggest a four-factor model with the numbing/avoidance cluster or dysphoria cluster show a better fit. Still other research has examined evidence for a five-factor model that would include depression sequelae. By way of a confirmatory factor analysis, we demonstrate the reliability of DSM-5 PTSD criteria clustering in a sample of 136 OEF/OIF/OND Veterans treated at a VAMC (47% white, 89% male) and a sample of 833 college students (45.4% white, 22.7% male). All participants were trauma-exposed, and completed the PTSD Checklist for DSM-5. Preliminary research shows both samples support a four-factor model. Subsequent analyses will test best model fit across three, four, and five-factor models and examine reliability across samples. Findings will be used to judge the reliability of the new DSM-5 criteria of PTSD and to accurately and consistently categorize PTSD symptomatology.

FRI 136**Negative Trauma Cognitions and PTSD Symptom Severity in OIF/OEF Combat Veterans**

(Abstract #1539)

Poster #FRI 136 (Assess Dx, Cog/Int, Mil/Vets, Adult) I - Industrialized*Chowdhury, Nadia¹, Lind, Mackenzie¹, McDonald, Scott², Thomas, Suzanne³, Amstadter, Ananda¹, Berenz, Erin⁴*¹Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA²Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA³Medical University of South Carolina, Charleston, South Carolina, USA⁴University of Virginia, Charlottesville, Virginia, USA

Negative trauma cognitions are associated with the onset and maintenance of posttraumatic stress disorder (PTSD); however, the extent to which specific types of cognitions are associated with PTSD symptoms in OIF/OEF Veterans is unclear. The present study examined associations between negative trauma cognitions (i.e., negative cognitions of self, negative cognitions of world, and self-blame) and PTSD symptoms among 101 combat-exposed OIF/OEF veterans (Mage=29.5, SD=4.2) who completed the Clinician Administered PTSD Scale (CAPS; current PTSD=35.8%) and a self-report measure of negative trauma cognitions (Posttraumatic Cognitions Interview; PTCI). Five linear regression models were conducted with age and trauma load entered at level one and the three PTCI subscales entered at level two. Outcome variables were DSM-IV PTSD total, re-experiencing, avoidance, emotional numbing, and hyperarousal symptom severity scores. The model significantly predicted total PTSD symptoms ($F(5,95)=16.86$, $R^2=0.47$, $p<0.001$), with negative cognitions of self being significant at level two ($\beta=0.59$, $t=5.30$, $p<0.001$). The same pattern emerged for PTSD symptom clusters, with the exception of self-blame also being associated with emotional numbing symptoms ($\beta=-0.23$, $t=5.15$, $p<0.05$). Assessment of negative cognitions of self among returning combat Veterans may help identify those at greatest risk for PTSD.

FRI 137**PTSD Symptomatology and Nonspecific Psychological Distress following the 2014 Israel-Gaza Conflict**

(Abstract #1018)

Poster #FRI 137 (Assess Dx, Comm/Vio, Civil/War, Adult) M - Industrialized*Kaniasty, Krzysztof¹, Zanbar, Lea², Ben-Tzur, Navit³, Ben-Ezra, Menachem²*¹Indiana University of Pennsylvania, Indiana, Pennsylvania, USA²Ariel University, Ariel, Israel³Bar-Ilan University, Ramat-Gan, Israel

Citizens living in areas threatened by unresolved military conflicts and political violence are routinely exposed to traumatic community-wide events accompanied by incessant threats of harm, potentially resulting in death, injury, and destruction of home environments. An online survey with 1014 Israeli citizens was conducted 3 months after the August 26, 2014 ceasefire that ended another Israel-Gaza conflict, known as Tzuk Eitan. The study sample approximates a national representative sample of adult Israelis. Conservative hierarchical regression analyses that accounted for a host of variables including sociodemographic factors, number of

current somatic symptoms, and past exposure to trauma, showed that the experience of life threat to self and/or significant other during the 6 weeks of rocket attacks significantly predicted higher symptoms of PTSD (PCL-5). Unexpectedly, the Tzuk Eitan life threat was associated with lower levels of nonspecific psychological distress (K6 +). Perceived social support and mastery served their protective functions, and both were linked to better psychological well-being. Interestingly, a greater sense of community cohesion was related to higher levels of PTSD symptoms but had no influence on nonspecific distress. An attempt to explain these inconsistencies in terms of losses and gains within a stress process will be offered.

FRI 138

Exploring the Relationship between Childhood Trauma, Adult IPV Exposure, and Mental Health Problems

(Abstract #1881)

Poster #FRI 138 (Assess Dx, CPA, CSA, Depr, DV, Adult) M - Industrialized

Weingarten, Christine, Martinez-Torteya, Cecilia
DePaul University, Chicago, Illinois, USA

Childhood trauma can increase risk for adult intimate partner violence (IPV). Both types of trauma have strong associations with depression and posttraumatic stress disorder (PTSD). This study investigates different types of childhood trauma (Childhood Trauma Questionnaire—CTQ), psychological, physical, and sexual IPV (Conflict Tactics Scale revised—CTS2), and PTSD or depressive symptoms (PTSD Checklist—PCL; Center for Epidemiological Studies Depression Scale—CES-D). Fifty-one women recruited from community centers were classified as low or high for childhood trauma and adult IPV using mean-split. ANOVAs showed women with higher childhood trauma had significantly higher scores for psychological IPV, $F(1, 49) = 5.99, p = .018$, sexual IPV, $F(1, 49) = 5.45, p = .024$, and PTSD, $F(1, 49) = 8.598, p = .005$. Women with high IPV exposure had more childhood physical neglect, $F(1, 49) = 6.69, p = .013$, depression, $F(1, 49) = 6.26, p = .016$, and PTSD, $F(1, 49) = 11.56, p = .001$. Results substantiate that childhood victimization increases risk for adult victimization, but suggest unique links between specific types of victimization. Findings also show robust associations between victimization and PTSD are not dependent on relationship to perpetrator (partner vs. caregiver) or timing of violence (childhood vs. adulthood).

FRI 139

Childhood Trauma Exposure and Difficulties with Emotion Regulation in College Students: The Roles of Parental Bonds and Coping Styles

(Abstract #1697)

Poster #FRI 139 (Assess Dx, CPA, DV, Adult) - Industrialized

Amatya, Kaushalendra, Jones, Russell
Virginia Polytechnic Institute and State University,
Blacksburg, Virginia, USA

Traumatic experiences such as physical and emotional abuse and neglect, sexual abuse, interparental violence, unintentional injuries, and environmental trauma in childhood have been associated with a variety of long-term negative outcomes (e.g. Lamoureux, et al., 2012). However, little has been explored with regards to the mechanisms of this relationship, particularly in the college population. The current study sought to understand the roles of parental warmth and control and adaptive and maladaptive coping styles in the relationship between childhood trauma exposure and emotion dysregulation in college. 1276 college students completed an online survey with validated questionnaires about childhood trauma exposures, coping, parental bonds, and emotion dysregulation. Hierarchical regressions revealed that childhood abuse and neglect were the most salient predictors of emotion dysregulation when controlling for other types of exposures and demographic variables. Parental warmth and control mediated the relationship between most types of trauma exposure and outcomes. Adaptive and maladaptive coping styles were found to mediate the relationship between physical and emotional abuse and neglect and certain types of emotion regulation difficulties. Details of the findings and their implications are further discussed.

FRI 140

Further Development and Validation of the Childhood Attachment and Relational Trauma Screen (CARTS) in Internet Samples: Extension to Witnessing Violence and Intersibling Abuse

(Abstract #1246)

Poster #FRI 140 (Assess Dx, CPA, Clinical Practice, DV, Adult) I - Industrialized

Frewen, Paul¹, Brown, Matthew¹, DePierro, Jonathan², D'Andrea, Wendy², Schore, Allan³
¹University of Western Ontario, London, Ontario, Canada

²*New School for Social Research, New York, New York, USA*

³*UCLA Department of Psychiatry and Biobehavioral Sciences, Los Angeles, California, USA*

Existing psychometric measures of childhood trauma history generally fail to take into account the relational-socioecological environment in which childhood trauma occurs. Variables such as the relationship between the perpetrator and the victim, the emotional availability of caregivers, witnessing the abuse of others, and the respondent's own thoughts, feelings, and actions in response to maltreatment are rarely assessed by current measures. To address these concerns, the current study further developed and validated the Childhood Attachment and Relational Trauma Screen (CARTS) within three internet samples (total N = 1728). The internal reliability, convergent, and concurrent validity of the original CARTS item set was supported across all samples, and paired differences in means and correlations between item-rated descriptiveness of self, mothers, and fathers identified in prior research were replicated. In addition, new analyses evaluating witnessing violence, as well as analyses of family ratings referring to younger and older same and different sex siblings were undertaken. The current study further supports the reliability, validity, and utility of assessing childhood attachment and maltreatment in a relational-socioecological framework.

FRI 141

Psychometric Properties of the PTSD Checklist with Veterans Residing in Hawai'i
(Abstract #1451)

Poster #FRI 141 (Assess Dx, Cul Div, Ethnic, Mil/Vets, Adult) M - Industrialized

Kloezezan, Karen ¹, Morland, Leslie²

¹*University of Hawaii at Manoa, Honolulu, Hawaii, USA*

²*National Center for PTSD- Pacific Island Division, VA Pacific Island Healthcare System, Honolulu, Hawaii, USA*

The PTSD Checklist (PCL) is a self-report questionnaire to assess the presence and severity of PTSD symptoms. There is a lack of research investigating the use of the PCL for the measurement of PTSD among veterans across diverse ethnic backgrounds. The goal of this study was to investigate the psychometric properties of the PCL in a sample of male veterans, including veterans of Native Hawaiian/Pacific Islander and Asian ethnic descent, with combat-related PTSD (N = 282) residing in Hawai'i. The PCL and additional psychological measures were administered during a baseline assessment for a study of telemental health

interventions. Psychometric evidence was collected from the full sample of veterans and across White, Native Hawaiian/Pacific Islander, and Asian ethnic groups. A cutoff score of 47 was found to best distinguish between veterans with and without PTSD (AUC = 0.76, sens = 0.89, spec = 0.59, PPP = 0.95, NPP = 0.40). The 3-factor and 4-factor structure for measuring PTSD symptoms with the PCL both evidenced good model fit. Differences were observed in the internal consistency and convergent validity of the PCL across ethnic groups. This study provides evidence on the cross-cultural reliability and validity of the PCL for the assessment of PTSD.

FRI 142

PTSD, Depression and Post-Traumatic Growth following Pregnancy Loss: The Role of Marital Adjustment

(Abstract #1899)

Poster #FRI 142 (Assess Dx, Death, Depr, Fam/Int, Adult) M - Industrialized

Horesh, Danny ¹, Nukrian, Malka², Bialik, Yael¹

¹*Bar-Ilan University, Ramat Gan, Israel*

²*Hadassah Hospital, Jerusalem, Jerusalem, Israel*

Objective: Pregnancy loss (PL) is a relatively common experience, but its traumatic nature has yet to be fully acknowledged. This study attempted to understand the psychological implications of PL, and - for the first time ever - the role of marital adjustment measures in psychopathology following PL. **Methods:** 60 women who have experienced late PL (at week >20 of pregnancy) have completed self-report questionnaires tapping PTSD, depression, post-traumatic growth, and several domains of marital adjustment (e.g. agreement, conflict, self-disclosure). **Results:** A relatively heavy burden of both PTSD (16%) and depression (16%) was found following PL, as well as post-traumatic growth. Dyadic agreement among husband and wife was negatively associated with both depression and PTSD. Also, women with and without PTSD significantly differed in the level of dyadic conflict, while dyadic self-disclosure was positively associated with spiritual growth after PL. Interestingly, time since the loss was significantly associated with depression, but not with PTSD. **Conclusions:** PL may carry severe psychopathological implications. Although the loss is most directly experienced by the female, PL should also be seen as a dyadic experience, with marital adjustment playing an important role in the development of psychopathology following the loss. This may carry important clinical implications.

FRI 143**DSM-5 PTSD Dimensions and Relations with Major Depression Symptoms in Military Soldiers**

(Abstract #360)

Poster #FRI 143 (Assess Dx, Depr, Adult) M - Industrialized**Contractor, Ateka**¹, Elhai, Jon¹, Tamburrino, Marijo¹, Liberzon, Israel², Calabrese, Joseph³, Galea, Sandro⁴¹University of Toledo, Toledo, Ohio, USA²University of Michigan, Ann Arbor, Michigan, USA³Case Western Reserve University, Cleveland, Ohio, USA⁴Columbia University, Mailman School of Public Health, New York, New York, USA

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are frequently comorbid. One explanation for this comorbidity is that PTSD has a constellation of "dysphoria" symptoms resembling depression. Using confirmatory factor analysis we tested the role of DSM-5 PTSD's dysphoria factor in relation to MDD symptom dimensions of somatic and non-somatic psychopathology. 672 Ohio National Guard soldiers completed DSM-5 measures of PTSD and MDD symptoms in an epidemiological study. Results demonstrated a well-fitting DSM-5 PTSD model: Comparative Fit Index (CFI) = .99, Tucker-Lewis Index (TLI) = .99, Root Mean Square Error of Approximation (RMSEA) = .05. A two-factor model of depression fit well: CFI = .99, TLI = .99, RMSEA = .02. Results indicated that in contrast to other PTSD factors, PTSD's dysphoria factor was more related to MDD's somatic ($r = .83$) and non-somatic ($r = .79$) factors. Implications concerning clinical psychopathology and comorbidity of PTSD are discussed, including whether PTSD should be refined by removing its non-specific symptoms. Results further highlight that dysphoria symptoms of PTSD may be driving PTSD's comorbidity with depression symptoms.

FRI 144**Posttraumatic Stress Disorder and Pain in Female Veterans with Military Service in Iraq or Afghanistan**

(Abstract #1419)

Poster #FRI 144 (Assess Dx, Health, Mil/Vets, Adult) I - Industrialized**Green, Kimberly**¹, Runnals, Jennifer², Allen, Rebecca¹, Hicks, Terrell¹, Neal, Lydia³, Straits-Troster, Kristy⁴¹Duke University Medical Center, Durham, North

Carolina, USA

²Durham VA Medical Center, VISN 6 MIRECC, Duke University School of Medicine, Durham, North Carolina, USA³Institute for Medical Research, Durham, North Carolina, USA⁴Department of Veterans Affairs Medical Center, Durham, North Carolina, USA

Objective: The present research examined the association between PTSD and self-reported pain among female veterans having served in the U.S. military since September 11, 2001. **Methods:** A random sample of 5,000 Operation Enduring Freedom (OEF) and/or Operation Iraqi Freedom (OIF) veterans was invited to participate in a survey assessing healthcare needs and barriers to care. Of the 700 women, 163 (23%) completed the survey assessing mood and health symptoms, including posttraumatic stress symptoms and current pain severity. Pain was assessed for the following areas: back, joint, chest, stomach and headache pain, as well as muscle aches or cramps and pain from sexual intercourse. **Results:** Compared to those without PTSD, female veterans with PTSD indicated greater endorsement of back, joint, stomach, chest and headache pain, and muscle aches and cramps. All pain-related conditions, with the exception of painful sexual intercourse, were significantly associated with PTSD. **Conclusion:** Consistent with research on prior era veterans, OEF/OIF female veterans with PTSD were more likely to endorse increased pain symptoms across multiple pain sites and higher overall pain severity than female veterans without PTSD. Continued research in this area can lead to improved understanding of the relationship between pain and PTSD and improved healthcare for female veterans.

FRI 145**Delay to Care in a Cohort of Canadian Armed Forces Personnel with Deployment-Related Mental Disorders, 2002 – 2011**

(Abstract #622)

Poster #FRI 145 (Assess Dx, Mil/Vets, Adult) - Industrialized**Boulos, David**

Department of National Defense, Canada, Ottawa, Ontario, Canada

Background: The Canadian Armed Forces (CAF) have strengthened their mental health system in an effort to eliminate barriers to care-seeking, minimize delays to needed care, and optimize clinical and occupational outcomes. This study investigated the delay to care in a cohort of CAF personnel diagnosed with deployment-related mental disorders. **Methods:**

415 individuals with a deployment-related mental disorder were identified from medical records of a probabilistic sample of 2014 individuals selected from a cohort of 30,513 personnel deployed on the mission in Afghanistan. Cox regression explored the delay from most recent deployment return to mental disorder diagnosis by era (2002/04, 2005/06, 2007, 2008, and 2009/10 eras), a time-dependent covariate. Results: 13.5% of the cohort had an Afghanistan deployment-related mental disorder over a median follow-up of 3.7 years. Mean delay to care was 551 days [95%CI: 501-602]; the median was 400 days. Delay to care decreased in subsequent eras relative to 2002/04; however, this was only statistically significant for the 2009/10 era (HR: 2.8 [95%CI, 1.8-4.4]). Delays to care were lower for females and personnel with 20 or more years of military service but higher for individuals with non-musculoskeletal comorbidity. Conclusion: CAF mental health system changes were associated with reduced delays to mental health care seeking.

FRI 146
The Serotonin Transporter, PTSD and Depression: Mediation of TBI Influence on Community Reintegration
 (Abstract #61)

Poster #FRI 146 (Assess Dx, Mil/Vets, Genetic, Adult) M - Industrialized

Graham, David, Nielsen, David
 Michael E. DeBaakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA

Background: Community reintegration (CR) has been shown to be mediated by serotonin transporter genotype, but the roles of TBI, depression severity, PTSD severity on CR have not been clarified. Methods: Using a pilot cross-sectional study of 78 OEF/OIF veterans with and without mild blast-related TBI, we evaluated the role of genetic variation at the serotonin transporter (5-HTTLPR) on CR (CRIS), depression severity (CES-D), and PTSD severity (PCL-C) scores. Results: Depression severity, 5-HTTLPR genotype, and their interaction were the primary direct effects on CRIS ratings. For the indirect effect on CRIS ratings, PTSD ($p < .001$) and gender ($p = .001$) were mediated by depression severity. For the indirect effects on depression, TBI status ($p < .001$) was mediated by PTSD severity which was moderated by genotype ($p < .001$); and the indirect effects of gender ($p = .001$) on PTSD severity was mediated by TBI status and moderated by genotype ($p = .001$). Conclusions: This moderated mediation analysis sheds light on the complex interplay between TBI, PTSD, and depression's interplay with each other and CR, and demonstrated moderation by variation of the serotonin transporter

genotype. These findings suggest that focusing on the treatment of depression may potentially yield the greatest functional impact.

FRI 147
Optimizing the Prediction of Post-Traumatic Stress Disorder (PTSD) from Early Trauma Responses Using Support Vector Machines
 (Abstract #1555)

Poster #FRI 147 (Assess Dx, Prevent, Tech, Adult) M - Industrialized

Gevonden, Martin¹, Galatzer-Levy, Isaac¹, Qi, Wei¹, Ratanatharathorn, Andrew², Shalev, Arieh¹
¹New York University Langone Medical Center, New York, New York, USA
²Columbia University, Mailman School of Public Health, New York, New York, USA

Predicting non-remitting, chronic PTSD is a major clinical and public health challenge. Still, the optimal timing for assessing risk indicators for PTSD remains unknown. The objective of this study is to assess if early changes in symptoms have better predictive power than information collected at one time. Data on event characteristics, emergency department observations, and symptoms within the first 10 days (early features) and one month after the event (later features) were collected in 552 trauma survivors, to predict PTSD at 15 months and a non-remitting PTSD symptom trajectory. A machine learning feature selection algorithm will be employed to identify a set of non-redundant predictors in a) early features; b) later features; and c) features representing symptom changes over the first month. Support Vector Machines will be used to assess predictive accuracy of the selected features. In a previous analysis in this sample, non-remitting PTSD could be predicted with good accuracy (AUC=.78) from features collected 10 days after trauma exposure. Analyses of features collected after 1 month are in progress to evaluate if better prediction can be achieved. This study will inform us whether repeated recording of symptoms and behavioral change in the early aftermath of traumatic event is worth the effort, or if using one-month cross-sectional data is more efficient.

FRI 148
Posttraumatic Stress Disorder, Functional Impairment and Subjective Distress in World Trade Center Disaster Workers
 (Abstract #404)

Poster #FRI 148 (Assess Dx, QoL, Terror, Adult) M - Industrialized

Hunnicut-Ferguson, Kallio¹, Wyka, Katarzyna², Cukor, Judith¹, Olden, Megan¹, Peskin, Melissa¹, Difede, JoAnn¹

¹New York Presbyterian Hospital/Weill Medical College of Cornell University, New York, New York, USA

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

Research on PTSD, functioning and distress among veterans and other trauma populations suggests that impairments in functioning are associated with various negative outcomes (Zatzick et al., 2014) and persistence of PTSD over time (Thomas et al., 2010). We investigated the associations between posttraumatic stress symptoms, social and occupational functioning and subjective distress in a large sample of World Trade Center disaster workers (n=514) over three years. Sample included workers with symptoms consistent with PTSD or Subsyndromal PTSD. Adjusted linear regressions indicated that CAPS-rated PTSD severity was associated with increased subjective distress and deficits in social and occupational functioning over time (CAPS items in F criterion; $ps < .001$). Specifically: 1) re-experiencing and avoidance/numbing symptom clusters were associated with increased subjective distress, 2) avoidance/numbing, and to a lesser extent hyperarousal symptom clusters, predicted deficits in social functioning, 3) re-experiencing and hyperarousal symptom clusters were associated with worse occupational functioning. Associations were consistent across the three year time period. The current findings may inform future research on the impact of PTSD on global outcomes, and point to the importance of examining functional impairment associated with PTSD in addition to PTSD symptomatology.

FRI 149

Psychometric Properties of the Brief Inventory of Interpersonal Functioning
(Abstract #1699)

Poster #FRI 149 (Assess Dx, Res Meth, Adult) M - Industrialized

Erb, Sarah¹, Kearns, Jaclyn², Bovin, Michelle³, Black, Shimrit⁴, Annunziata, Anthony⁴, Marx, Brian⁵

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

²National Center for PTSD, VA Boston Healthcare System, Department of Psychology, Harvard University, Boston, Massachusetts, USA

³VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts, USA

⁴VA Boston Healthcare System, Boston, Massachusetts, USA

⁵National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

The Brief Inventory of Interpersonal Functioning (B-IPF) is a 7-item measure of posttraumatic stress disorder (PTSD)-related functional impairment. Designed to maximize efficiency, the B-IPF is an abridged version of the 80-item Inventory of Interpersonal Function (IPF; Rodriguez, Holowka, & Marx, 2012). The goal of the present study was to evaluate the convergent and discriminant validity of the B-IPF in a sample of 275 Veterans (Mage = 52, 88% male, 68% Caucasian). Internal consistency of B-IPF items was good ($\alpha = .84$). Comparison of the full IPF and B-IPF revealed that they significantly correlated ($r = .68$) and have similar psychometric properties. The B-IPF was associated with other measures of functioning in expected directions: the Global Assessment of Functioning ($r = -.33$), World Health Organization Disability Assessment Schedule II ($r = .66$), and Quality of Life Inventory ($r = -.48$). The B-IPF demonstrated convergent validity with the Clinician Administered PTSD Scale for the DSM-IV (total symptoms $r = .47$) and Depression Module of the Mini-International Neuropsychiatric Interview ($r = .46$), and discriminant validity with the Alcohol Use Disorders Identification Test (ns). Results suggest that the B-IPF is an empirically valid tool for assessing impairment, particularly when time constraints or other clinical considerations prohibit the use of the full IPF.

FRI 150

A Trauma Screening Tool for PTSD in Children and Adolescents
(Abstract #823)

Poster #FRI 150 (Assess Dx, Acute, Chronic, Health, Pub Health, Child/Adol) - Industrialized

Verlinden, Eva

Academic Medical Center, University of Amsterdam, Amsterdam, Noord-Holland, Netherlands

Children exposed to traumatic events are substantially at risk for developing posttraumatic stress disorder (PTSD). In order to offer them appropriate treatment, it is important to identify those children in time. The Children's Revised Impact of Event Scale (CRIES) is a brief self-report measure designed to screen children for PTSD. The purpose of this study was to evaluate the reliability and validity of the CRIES and to determine the best cut-off score. In addition, a parental version of the CRIES was developed and evaluated. The child version of the CRIES was completed by 398 children (7-18 years) who had experienced various traumatic events. The parent version was completed by a subsample of 59 parents. PTSD was assessed using a diagnostic interview (ADIS-C/P). Results demonstrated good

internal consistency (.87-.89) and test-retest reliability (.85). A cut-off score of 30 on the child version and 31 on the parent version emerged as the best balance between sensitivity (.88-.94) and specificity (.76-.78), and correctly classified 81-84% of all children. All in all, the CRIES appears to be a reliable and valid measure to screen for PTSD in children, which gives clinicians a short and user-friendly instrument for adequate referral. Results are discussed in the light of clinical as well as research purposes.

FRI 151

The Relationship between PTSD Symptom Severity and Functional Impairment among Veterans in a Substance Use Residential Rehabilitation Treatment Program (SARRTP)
(Abstract #972)

Poster #FRI 151 (Assess Dx, Sub/Abuse, Mil/Vets, Adult) M - Industrialized

Davis, Brittany¹, Myers, Ursula², Colvonen, Peter³, Norman, Sonya⁴

¹VA San Diego Healthcare System, San Diego, California, USA

²San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, California, USA

³University of California, San Diego and VA San Diego Healthcare System, San Diego, California, USA

⁴National Center for PTSD, San Diego, California, USA

Understanding the relationship between psychiatric symptoms and psychosocial functioning is important for effective treatment. When compared to Veterans without posttraumatic stress disorder (PTSD), Veterans with PTSD are more likely to utilize medical services and report greater functional impairment across a variety of domains including occupational, marital and family, parenting, friendships, and difficulties with participation in society. These impairments are exacerbated by comorbid substance use disorders (SUD). A better understanding of the relationship between PTSD symptom severity and types of functional impairment among patients with SUD in residential settings is needed. The present study examined functional impairment in 62 Veterans entering into the PTSD track of a substance use residential rehabilitation treatment program. At treatment entry participants completed the PTSD Symptom Checklist (PCL) and the World Health Organization Disability Assessment Scale. PTSD symptom severity was significantly associated with self-reported impairments in cognition ($B = .97, p < .001$), getting along with others ($B = .84, p = .003$), household responsibilities ($B = .73, p = .025$), work responsibilities ($B = .89, p = .04$), and community participation ($B = .62, p = .004$). These results

suggest specific targets for intervention to improve functioning in patients with PTSD/SUD.

FRI 152

The Predictive Value of DSM-IV Criteria A1 and A2 in Predicting Children's PTSS across Different Life Events
(Abstract #1834)

Poster #FRI 152 (Assess Dx, Clin Res, Child/Adol) M - N/A

Howard Sharp, Katianna

The University of Memphis, Memphis, Tennessee, USA

Although the DSM-V no longer requires Criteria A2 for a PTSD diagnosis, recent research suggests that children's subjective experience of a traumatic event is critical to their later development of PTSD (Verlinden et al., 2013). The present study sought to replicate these findings across different types of potentially traumatic events in children with and without a cancer diagnosis to determine whether A2 Criteria makes a significant contribution in predicting PTSS when considering event type. Children with cancer ($n=197$) and without ($n=135$) reported regarding their self-identified most stressful life event, including measures of PTSS and A1/A2 Criteria. Sensitivity, specificity, predictive value, logistic regression, and multiple regression revealed the relative contribution of A1 and A2 criteria. A2 criteria consistently contributed more than A1 to the prediction of PTSS and probable PTSD, a finding that was consistent across type of event (i.e., cancer vs. non-cancer event in cancer group) and cancer experience (children with/ without cancer). These findings offer further support for the continued consideration of children's subjective reaction to potentially traumatic events. Children's subjective perception of fear, helplessness, or horror appears to play an integral role in predicting which children will display more symptoms suggestive of probable PTSD.

FRI 153

ICD-11 PTSD Proposal: Are Intrusive Memories Relevant for Diagnosing Children after Disasters?
(Abstract #1478)

Poster #FRI 153 (Assess Dx, Nat/Dis, Child/Adol) I - Industrialized

Danzi, BreAnne, La Greca, Annette

University of Miami, Coral Gables, Florida, USA

Current versions of the ICD-11 proposal for posttraumatic stress disorder (PTSD) deviate substantially from DSM-IV and DSM-5 criteria and have marked implications for the assessment of PTSD. The exclusion of an "intrusive memories" symptom from the Re-experiencing cluster has been a topic of discussion. We examined the effect of omitting "intrusive memories" from PTSD criteria in children affected by either Hurricane Ike (n=327) or Charley (n=383) by estimating rates of PTSD using ICD-11 Version-1 (with intrusive memories) and Version-2 (without intrusive memories). Version-1 identified more children with PTSD (Ike=18.3%, Charley=10.7%) than Version-2 (Ike=14.9%, Charley=8.9%), and identified more children with re-experiencing symptoms (Ike=40%, Charley=24%) than Version-2 (Ike=31%, Charley=19%). Rates of PTSD for Version-2 were comparable to rates identified by DSM-IV (Ike=15.3%, Charley=9.9%) and DSM-5 (Ike=14.1%, Charley=6.5%). Logistic regressions evaluated whether risk factors identified by prior research were predictive of PTSD with each ICD-11 version. Version-2 PTSD was predicted by life threat, loss/disruption, and life events; Version-1 PTSD was predicted by these variables as well as gender and ethnicity. Omitting "intrusive memories" from PTSD criteria appears to influence which children are identified for mental health services after disasters.

FRI 154**Non-Medical Use of Prescription Drugs in Trauma-Exposed College Students**

(Abstract #1531)

Poster #FRI 154 (Assess Dx, Sub/Abuse, Lifespan) I - N/A

Kevorkian, Salpi¹, Overstreet, Cassie², Berenz, Erin³, Gillespie, Nathan¹, Dick, Danielle¹, Amstadter, Ananda¹

¹Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

²Virginia Commonwealth University, Richmond, Virginia, USA

³University of Virginia, Charlottesville, Virginia, USA

Amid the increasing prevalence of non-medical use of prescription drugs (NMUPD) in college students, few studies have examined the association between potentially traumatic events (PTEs) and NMUPD in this population. This study examined the phenotypic associations between PTE type (i.e., interpersonal, accidental), PTSD screener status, and NMUPD in a sample of undergraduate students participating in a university-wide research study. Participants included three incoming freshman cohorts (N=7,603; 61.1% female; Mage=18.53, SD=0.65) with lifetime measures of PTEs and NMUPD. Logistic regressions were conducted to examine the relationship between pre-college PTE type and lifetime use of NMUPD, as well as between pre-college PTE type and three classes of prescription drugs: opioids; stimulants; and sedatives. Pre-college interpersonal PTE was significantly associated with NMUPD, sedative, stimulant, and opioid use (Range of ORs= 2.25-2.55, p's<0.001). A positive PTSD screen was significantly associated with stimulant use (OR=1.23, p=0.03), but not NMUPD or other substance use. Assessment of NMUPD use in trauma-exposed college students is warranted, and further studies investigating these associations are needed.

COMMUNITY BASED PROGRAMS

FRI 156

Community Members Coping: Long-Term Posttraumatic Adaptation

(Abstract #131)

Poster #FRI 156 (Commun, Acc/Inj, Comm/Int, Tech/Dis, Tech, Adult) M - Industrialized

Langhinrichsen-Rohling, Jennifer¹, Bell, Tyler²

¹University of South Alabama, Mobile, Alabama, USA

²University of Alabama, Birmingham, Alabama, USA

Abstract

Background: Relatively little is known about the prevalence and course of mental health symptoms in the wake of large-scale technological disasters that are expected to have long term impacts on the environment. After the Deepwater Horizon oil spill, a large technological disaster, posttraumatic stress symptoms (PTSS) were found to increase quickly. **Objective:** With the chronic course of PTSS a concern, the current research investigated whether higher levels of PTSS expression over a year post-disaster was related to using specific types of coping strategies. **Methods:** Using purposive sampling, community members from impacted areas were surveyed (n = 213) using the Posttraumatic Stress Disorder (PTSD) Checklist-Civilian and the Brief COPE. Community members were grouped by self-reported exposure levels measured by oil contact (contact versus no contact). **Results:** Not surprisingly, community members who had direct contact with the oil reported higher levels of PTSS as well as greater use of all types of coping strategies. Both community members with and without oil contact demonstrated relationships between greater use of avoidant coping strategies and higher levels of PTSS. **Conclusion:** Community interventions after widespread technological and environmental disasters should be considered in context of exposure and coping strategies.

FRI 157

Attrition from a Mental Health Program for Displaced Women in Colombia: A Qualitative Perspective

(Abstract #1835)

Poster #FRI 157 (Commun, Chronic, Clin Res, Pub Health, Refugee, Adult) I - Latin Amer & Carib

Gomez-Ceballos, Angela¹, Espinel, Zelde², Shultz, James², Helpman, Liat³, Verdelli, Helen⁴, Hernandez-Florez, Luis¹

¹Universidad de Los Andes, Bogota, Distrito Capital,

Colombia

²University of Miami Miller School of Medicine, Miami, Florida, USA

³Columbia University Department of Psychiatry and New York State, New York, New York, USA

⁴Teachers College, Columbia University, New York, New York, USA

Introduction. Colombia has a population of 6 million internally displaced persons (IDPs) due to armed conflict. Exposed to severe stressors, IDPs are at elevated risk for common mental disorders ("CMDs" – depression, anxiety, PTSD). Despite the recognition of the need for mental health and psychosocial support (MHPSS), there are few instances where evidence-based mental health interventions have been applied and anecdotal evidence suggests that attrition is a major barrier to intervention effectiveness.

Methods. Qualitative data were collected from 21 women IDPs with elevated symptoms of CMDs: 7 had successfully completed a course of interpersonal counseling; 7 were offered the intervention but declined participation; and 7 were enrolled but dropped out prior to completion. **Results.** Interview findings suggest 3 categories of barriers to adherence: 1) logistical barriers (e.g. inconvenient scheduling, lack of childcare or transportation); 2) negative perceptions (lack of belief in "talk therapies", stigma, discrimination); and 3) avoidance of interventions perceived to reactivate traumatic memories. **Conclusions.** The analyses suggest that practical supports (provision of home visits, childcare, transportation assistance) is needed but most importantly community psycho-education for promoting mental health treatment enrollment and retention.

FRI 158

Peer Support Telephone Outreach Intervention for Veterans with PTSD

(Abstract #1786)

Poster #FRI 158 (Commun, Clin Res, Comm/Int, Mil/Vets, Adult) I - Industrialized

Holt, Hannah¹, Jain, Shail², Rosen, Craig³, Lindley, Steven³

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

²Palo Alto VA Medical Center, Palo Alto, California, USA

³VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA

The current study examines telephone outreach conducted by Certified Peer Specialists (CPS) to veterans with PTSD living in underserved

communities. A sample of 143 OIF/OEF veterans was identified as having a diagnosis of PTSD but receiving an insufficient "dose" of evidence-based treatment. In response to outreach, 19 veterans attended peer support groups. Of the 19 members who attended the groups, 7 (37%) subsequently accepted further PTSD treatment or other individual treatment, indicating that over one third of the veterans accepted a higher level of mental health treatment after engaging in the support groups than they had received in the past. An additional 6 out of the 19 members (32%) remained engaged in PTSD treatment that had started prior to their attending peer support groups. All 19 members (100%) were already engaged in psychiatry services prior to the telephone outreach and continued these services with varying frequency. After the telephone outreach, 5 of the 19 members (26%) attended psychiatry visits with greater frequency, 5 (26%) attended less frequently, and the other 9 members (47%) maintained a similar frequency of psychiatry visits. This study provides preliminary evidence that utilizing peer support may be a cost effective way of increasing treatment engagement for OIF/OEF veterans with PTSD living in underserved communities.

FRI 159

Sexual Assault against Men in an African Asylum-Seeking Population: Suffering in Silence

(Abstract #1691)

**Poster #FRI 159 (Commun, Rights, Rape, Adult)
M - W & C Africa**

Jones, Kristina¹, **Joscelyne, Amy**²

¹Bellevue/NYU Program for Survivors of Torture, New York, New York, USA

²New York University School of Medicine, New York, New York, USA

The aim of our study was to examine reported rates of sexual violence among men in a treatment seeking sample who presented for care at the NYU/ Bellevue Program for Survivors of Torture, and measure rates of posttraumatic stress disorder (PTSD). Our hypothesis was that men who reported past histories of sexual violence would be more likely to report higher levels of PTSD symptoms than those who did not report a history of without sexual assault. At intake, patients are asked about their torture history, and are given the HTQ, the Harvard Trauma Questionnaire in English, Arabic, or French. Our database includes 3,191 patients, of these, 1,931 are male. The total number of males reporting sexual assault was 186/1,931 yielding a prevalence estimate of 10.29 %. The number of females reporting sexual assault was 439/1,210, yielding a prevalence estimate of 27%. Among a subset of 96 men from only African

countries (including Congo, Cote D'Ivoire, Guinea), the reported rate of sexual assault violence was almost 51%. A total of 59% of the African sample males who endorsed sexual violence met criteria for PTSD, whereas only 33% of males who did not report sexual abuse met criteria for PTSD. Analysis of HTQ scores revealed high rates of numbing, detachment and avoidance.

FRI 160

Impact of Participation in a Speaker's Bureau for Survivors of Violence on Posttraumatic Growth, Self-Efficacy, and Stigma

(Abstract #990)

Poster #FRI 160 (Commun, Comm/Int, Comm/Vio, Social, Adult) M - Industrialized

Fields, Laurie¹, **Valdez, Christine**¹, **Boccellari, Alicia**², **Richmond, Carla**², **Murphy, Melissa**², **Shumway, Martha**²

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

²University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA

There has been strong interest in developing interventions to facilitate posttraumatic growth (PTG) but to our knowledge, no published interventions have specifically been designed to promote it. This presentation examines the impact of participation in a speaker's bureau for trauma survivors (Communities Healing and Transforming Trauma: CHATT) on speakers' PTG. Participants (N=26) completed baseline measures prior to their program involvement, at 6-months, and at 1-year follow-up.

Measures included the Posttraumatic Growth Inventory-Short Form, the General Self-Efficacy Scale-modified version with added items about public speaking self-efficacy; a measure of stigma (about victimization and mental health diagnosis/treatment); as well as levels of occupational and social functioning. Results showed increases in general self-efficacy ($p=.01$), speaking self-efficacy ($p=.01$), and overall posttraumatic growth ($p<.001$), including increased spirituality ($p=.045$), personal strength ($p<.01$), and relationships to others ($p<.001$) from baseline to 1-year post program enrollment. Full quantitative and qualitative data will be presented and discussed. Findings suggest that survivors derive a range of benefits from their participation in CHATT.

FRI 161**Impact of a Speaker's Bureau for Survivors of Violence on Audience Beliefs about Violence, Treatment, and Stigma**

(Abstract #991)

Poster #FRI 161 (Commun, Comm/Int, Comm/Vio, Social, Adult) M - Industrialized**Valdez, Christine¹**, Fields, Laurie¹, Boccelliari, Alicia², Murphy, Melissa², Richmond, Carla², Shumway, Martha²¹University of California, San Francisco, San Francisco, California, USA²University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA

The impact trauma-survivor speakers had on a variety of community audiences was evaluated. Survivors have powerful, deeply personal messages to share with policy makers, providers, and the community. As part of their involvement in the speaker's bureau CHATT (Communities Healing and Transforming Trauma), speakers addressed audiences about impacts of violence, facts about community violence, the recovery process, and value of trauma-sensitive services. Audiences included college students, state and city legislators, victim advocates, chaplaincy trainees, psychology and social work interns, human services staff, and trauma patient groups. Whenever possible, a 15-item questionnaire covering stigma about mental health, impact of violence and alternatives to retribution, and reactions to talks was provided to audience members ($\alpha=.78$). Audience members ($N=192$) were primarily female (77.6%) between ages 26-36. Average scores of 4/"Agree" (from 1/"Strongly Disagree" to 5/"Strongly Agree") suggest participants were positively impacted by the talks. For example, subscale analysis indicated that participants understanding of the impact of violence ($\alpha=.79$; $M=4.42$ /"Agree") and satisfaction with the presentations ($\alpha=.83$; $M=4.71$ /"Agree") was high. Trauma-survivor speakers have the potential to shape community norms and beliefs about violence and mental health.

FRI 162**Teaching Trauma Survivors to Speak out Safely: A Speaker's Bureau Training Curriculum for Survivors of Violence**

(Abstract #992)

Poster #FRI 162 (Commun, Comm/Int, Comm/Vio, Social, Adult) M - Industrialized**Fields, Laurie¹**, Valdez, Christine², Shumway, Martha², **Murphy, Melissa²**, Richmond, Carla²,Boccelliari, Alicia²¹University of California, San Francisco, San Francisco, California, USA²University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA

This presentation describes a comprehensive manualized 2-session training curriculum for trauma survivors developed to increase public speaking and advocacy skills, provide tools to educate others about the impact of violence and process of recovery, and increase comfort and safety in speaking about trauma publicly. The CHATT (Communities Healing and Transforming Trauma) curriculum includes PowerPoints, participant and trainer manuals, and exercises. Data ($N=26$) were collected after two 3.5 hour sessions for each of three annual trainings. Participants were ethnically diverse, 85% female with a mean age of 40. Full data will be presented for each of the training modules. Knowledge and support of trainers ($p<.001$) and speaking practice ($p<.007$) were rated most helpful aspects of module 1. For module 2, most rated training quality "Excellent"; they felt "Quite a bit" prepared to speak. Information about telling stories publicly ($p=.022$) and self-care/grounding/breathing exercises ($p=.002$) were rated most helpful for module 2. The training was "Moderately" upsetting though tolerable; participants' distress level averaged 5 out of 10. Findings suggest participants were quite satisfied and that it met the unique needs of survivors making meaning of their experiences, improving public speaking skills, and comfort in publicly sharing their stories.

FRI 163**Implementation of a Speaker's Bureau Support/Work Group for Survivors of Violence: Identifying Needed Structures, Processes, Challenges and Benefits**

(Abstract #993)

Poster #FRI 163 (Commun, Comm/Int, Comm/Vio, Social, Adult) M - Industrialized**Valdez, Christine¹**, Fields, Laurie², Shumway, Martha¹, **Richmond, Carla¹**, Murphy, Melissa¹, Boccelliari, Alicia¹¹University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA²University of California, San Francisco, San Francisco, California, USA

Implementation of a structured monthly speaking support and work group for trauma survivors involved in public speaking and advocacy work as members of a speaker's bureau: CHATT (Communities Healing

and Transforming Trauma) is described. Group components include (1) coaching on developing their stories and message, speaking tips and practice, addressing performance and trauma-related anxiety; (2) supporting one another in the mission of recovery, growth, and advocacy work; (3) discussing recent speaking experiences; (4) discussing upcoming speaking opportunities. Participants were (N=26) survivors who were treated at the center and attended a 7-hour training for new speakers. In the past year, an average of 6 (range=4-10) participants attended each monthly group. Participant evaluations assessed support group satisfaction, learning about speaking, support given/received, distress levels, performance anxiety, most helpful and personally important aspects of the group, and improvement suggestions. Overall, they felt "Extremely" supported by members, and their anxiety and readiness about speaking averaged 2.75 and 8.75 out of 10, respectively. Challenges and interventions to address unique needs identified in developing and maintaining a cohesive working group are discussed, as well as vicarious posttraumatic rejuvenation for staff involved with the group.

FRI 164

Testing and Explaining a Social Emotional Learning Program and the Intersection of Trauma in Urban, Low-Income Students: A Mixed Methods Study

(Abstract #1000)

Poster #FRI 164 (Commun, Clin Res, Commun, Comm/Int, Complex, Child/Adol) M - N/A

Baez, Johanna

Smith College, Northampton, Massachusetts, USA

This investigation evaluates the impact of a social and emotional learning (SEL) and trauma-informed program for middle-school students in one urban, low-income school in New York City (NYC). The program was provided by the non-profit, Wediko Children's Services, New York. SEL programs have been found to be highly effective in teaching SEL skills to students, reducing problem behaviors, and promoting mental health (Durlak et. al., 2011). However, SEL school programming has yet to take into consideration the direct link between trauma, SEL, and consequences at school (NYS-TEACHS, 2012). This research illuminates the first-hand experience of urban, low-income youth in one of the most impoverished Congressional districts in the United States. An advanced mixed methods intervention explanatory-sequential design was used (Creswell, 2014): a quasi-experimental design (pre-test, post-test survey) with a qualitative follow up (individual interviews) to help explain student outcomes. Student results (N=100) showed significant increases in the

social skills, decreases in problem behaviors, and the moderating effects of trauma on social skills and problem behaviors. While follow-up interviews (N=20) lead to students identifying the following themes: how SEL supports their lives, protective factors against previous trauma, and the benefits of Wediko's trauma-informed program.

FRI 165

Coping Skills Regarding Traumatic Stress in High School Students

(Abstract #1455)

Poster #FRI 165 (Commun, Commun, Complex, Grief, Child/Adol) I - Global

*Petitti, Christina, Gerber, Juliet, **Smith, Amanda**, Demaria, Thomas, Taveras, Lauren
Long Island University, C.W. Post Campus,
Brookeville, New York, USA*

Increasingly, adolescents are being affected by tragedies and stressful situations inside and outside of school. Additionally, everyday occurrences that may be viewed as regular stress are affecting adolescents. Research suggests that school programs that target stress management and coping skills are effective in helping to reduce stress symptoms and enhance coping mechanisms (Kraag, Zeegers, Kok, Hosman, Abu-Saad, 2006). However, this is a lack of research regarding programs that target traumatic stress in adolescents. In fall 2014, researchers visited a high school to teach freshman and sophomores about traumatic stress, the difference between traumatic stress and regular stress, as well as different coping strategies. After a brief presentation on traumatic stress, the 250 high school students broke into 5 different side groups to learn about different ways to deal with this stress. Each group learned progressive muscle relaxation, ways to deal with stressful life situations, and how to recognize traumatic stress. Using an anonymous pre and post test, researchers were able to measure how effective teaching these skills to students would be. Results of the study will allow investigators to examine how educating adolescents on traumatic stress permits more adaptive coping mechanisms and better knowledge on regular versus traumatic stress.

FRI 166**There's No Place like Home: Family Functioning and Resilience Following Natural Disaster**

(Abstract #1960)

Poster #FRI 166 (Commun, Fam/Int, Nat/Dis, Lifespan) M - Industrialized

Jackson, Selena, Anderson, Caitlin, Langhinrichsen-Rohling, Jennifer
University of South Alabama, Mobile, Alabama, USA

Perceived impact of traumatic events within families may differentially relate to family functioning and individual resilience post natural disaster (Walsh, 2006). Students and parents (n=61) were recruited from a high school in southwestern Alabama severely damaged by tornadoes. This study explored the prediction of perceived resilience based on family functioning dimensions (i.e., problem solving) for those who perceived the tornadoes as either high or low impact. In addition to demographic information, participants completed a 1-10 rating of perceived impact, the Resilience Scale (Wagnild & Young, 1993), and the Family Assessment Device where higher scores indicate difficulties within domains (Epstein et al., 1983). Analyses revealed that 55% of the sample perceived the tornadoes as having high impact. Regression analyses found that general family functioning ($\beta=.940$, $t(29)=3.221$, $p=.004$), problem solving ($\beta=-.558$, $t(29)=-2.284$, $p=.032$), and affective involvement ($\beta=-.429$, $t(29)=-2.233$, $p=.036$) significantly predicted resilience in those who indicated high impact. Participants endorsing low perceived impact, family functioning did not significantly predict perceived resilience. Findings indicate that family functioning dimensions differentially predicted perceived resilience to highly impactful traumatic events; family-wide interventions might be important post-disaster.

RESEARCH METHODOLOGY**FRI 167****Posttraumatic Stress Disorder Symptom Factor Expression Heterogeneity among Haitian Earthquake Survivors: A Multidimensional Analysis**

(Abstract #1774)

Poster #FRI 167 (Res Meth, Assess Dx, Clin Res, Cul Div, Global, Adult) A - Latin Amer & Carib

Hermosilla, Sabrina¹, Galea, Sandro²

¹Columbia University School of Public Health, New York, New York, USA

²Boston University, Boston, Massachusetts, USA

There is growing evidence of symptom factor expression heterogeneity associated with posttraumatic stress disorder (PTSD) persistence and symptom trajectory, yet little about pre-, peri-, and post-event factors. We conducted a random-population-based survey of Haitian survivors (1,312 individuals) 2-3 months post-earthquake. We modeled multiple linear regressions of pre-, peri-, and post-earthquake factor associations with mean PTSD symptom cluster (previous confirmatory factor analysis confirmed best-fitting model: arousal, intrusion, and avoidance) endorsement. Pre-earthquake factors-children ($\beta=0.02$), family/friend mental illness($\beta=0.11$), and >5 potentially traumatic events(PTE)($\beta=0.10$)-were significantly associated with PTSD-arousal. Highlighted significant associations with PTSD-intrusion were spread across pre-friend/family mental illness($\beta=0.07$), and >5 PTEs($\beta=0.07$), peri-trapped($\beta=0.09$); and post-destroyed home($\beta=0.04$) and insufficient money($\beta=0.06$)-factors. Post-earthquake factors-destroyed home($\beta=0.08$), family/friend mental illness($\beta=0.16$), and social support($\beta=0.10$)-were associated with PTSD-avoidance. PTSD symptom factor endorsement is heterogeneous across temporal earthquake factors, consistent with dimensional theoretical foundations of PTSD. Multidimensional modeling of PTSD provides insight into psychopathology without extra data and should be adopted.

FRI 168**Dimensions of Shame and Guilt Following Sexual Trauma**

(Abstract #1386)

Poster #FRI 168 (Res Meth, Assess Dx, CSA, Rape, Res Meth, Adult) M - N/A

Laaksonen, Michele¹, Hacker, Des², Lewis, Robin³

¹Virginia Consortium Program in Clinical Psychology,

Norfolk, Virginia, USA

²Norfolk State University and Virginia Consortium
Program in Clinical Psychology, Norfolk, Virginia,
USA

³Old Dominion University and Virginia Consortium
Program in Clinical Psychology, Norfolk, Virginia,
USA

Traditionally, shame and guilt have been studied as univariate concepts and limited to trait-related shame/guilt or trauma-related guilt (Davis, 2011; Feinauer, 2003; Zayed, 2008). The current study examined these constructs among sexual trauma survivors as multidimensional factors. Methods: A sample of 295 college students with sexual trauma histories participated in the study (mean age = 20.41; 77% females, 23% males). Self-report measures were used to assess sexual trauma history, trait-related shame (Tr-S), trauma-related shame (Txr-S), trait-related guilt (Tr-G), trauma-related guilt (Txr-G), and disordered behaviors (DB) including purging, binge eating, food restriction, self-injury, and suicidal ideation. Results: Exploratory factor analyses (PCA and PAF) revealed a five or six factor model that accounts for 49-55% of common variation with reliabilities of individual factors ranging from .65-.94. Txr-G, Tr-G, and DB loaded on separate factors, however Txr-S items split into two factors and Tr-S only emerged in the six-factor model. Moderate correlations were observed with Txr-G and Txr-S and also Txr-S and DB factors, but no correlations were found between Tr-G and Txr-G or DB. Conclusions: Findings emphasize the need for researchers and clinicians to use multi-dimensional assessments of shame and guilt and explore distinctions among Txr-G and Txr-S measures.

FRI 169

The Indirect Effect of Distress Tolerance in the Relation between PTSD Symptoms and Perceived Ability to Cope with Trauma

(Abstract #1076)

Poster #FRI 169 (Res Meth, Cog/Int, Adult) I - Industrialized

Seligowski, Antonia, Miller, Lindsay, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois, USA

Background: While low coping ability has been associated with higher levels of PTSD symptoms, emerging literature suggests that an individual's coping flexibility may be more salient to lowering distress than the use of specific strategies. Given that levels of distress tolerance may influence one's ability to cope with stressful events, the current study examined its role in the relation between coping flexibility and PTSD symptoms. Method: Participants were 292 trauma-exposed undergraduates

(Mage=21.44). Measures included the Flexibility score from the Perceived Ability to Cope with Trauma scale (PACT-Flex), the PTSD Screening and Diagnostic Scale (PSDS), and the Distress Tolerance Scale (DTS). A nonparametric re-sampling approach was used to test the indirect effect of the DTS. Results: The PACT-Flex demonstrated significant direct effects on all symptom clusters of PTSD. When the DTS was included, it demonstrated significant effects on all PTSD symptom clusters, and the effects of the PACT-Flex were no longer significant. None of the confidence intervals for the indirect effect of the DTS included zero. Conclusion: Results suggest that one's level of distress tolerance may have implications for his or her ability to cope with trauma-related sequelae. Specifically, distress tolerance may be a stronger indicator of PTSD symptoms than an individual's ability to cope flexibly.

FRI 170

A Discursive and Physiological Analysis of Personal Power in Female Survivors of Interpersonal Violence

(Abstract #1060)

Poster #FRI 170 (Res Meth, Complex, DV, Rape, Res Meth, Adult) M - Industrialized

Fortunato, Andrea, D'Andrea, Wendy
New School for Social Research, New York, New York, USA

Prior research in the field of trauma has been conducted utilizing methods such as qualitative narrative or discourse analysis, self-report data, and psychophysiological measurement; however interpersonal violence has not previously been examined using a mixed-methodology drawing equally and simultaneously upon these different research methods. This study is an example of how mixed-methods can provide richer information on traumatic experience and recovery that may be applied in the clinical setting. In the present work, female survivors of interpersonal violence are interviewed about their experience of personal power as it relates to their trauma, while concurrent psychophysiological measurement of their heart rate, respiration, and sweat/stress response is collected. This adjunct of psychophysiological and self-report data to the qualitative analysis of survivors' use of language provides a fuller representation of the experience of survivorhood by capturing both the real-time bodily experience as well as the way language is used to describe subjective experience. Implications for treatment of these qualitative and physiological data will also be discussed.

FRI 171**Latent Class Growth Analysis: Procedural Recommendations for Model Specification**
(Abstract #1110)**Poster #FRI 171 (Res Meth, CPA, Child/Adol) M - N/A****Phillips, David**, Poehacker, Stefanie, Lauterbach, Dean
Eastern Michigan University, Ypsilanti, Michigan, USA

Latent Class Growth Analysis (LCGA) is a relatively recent statistical procedure that provides researchers with a powerful tool for analyzing longitudinal data. LCGA has many merits including easy specification of models in M+ and a simple yet elegant visual representation of trajectories over time. However, conducting an LCGA and navigating model fit issues can be a complicated process, often because published procedural guidelines (e.g., Jung & Wickrama, 2008), if followed uncritically, can lead to model misspecification. This presentation uses data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) data set to demonstrate that model specification should be a recursive process informed by conditional and unconditional models. The authors, by tracking class size when building the conditional model, found that the 4-class model identified using Jung and Wickrama's (2008) guidelines was a miss-specification and that a 3-class model provided a better fit. These findings suggest that covariates can dramatically impact model specification and that conditional models should be considered along with common fit indices.

FRI 172**Exploring the Differences in Posttraumatic Stress Characteristics by Duration of Trauma: Single or Short Duration vs. Prolonged Trauma**

(Abstract #644)

Poster #FRI 172 (Res Meth, Acute, Chronic, Complex, Terror, Lifespan) M - Industrialized**Goral, Aviva**, Feder-Bubis, Paula, Aharonson-Daniel, Limor
Ben Gurion University of the Negev, Beer Sheva, Israel

Background: Post-traumatic stress disorder (PTSD) is a condition created by exposure to a psychologically distressing event and involves symptoms that interfere with the victim's health and wellbeing. The impact of repeated trauma may be different than that of a single traumatic event, yet research is limited. PTSD is a treatable condition; an accurate diagnosis

is essential for an effective treatment. Aims: To record and differentiate PTSD characteristics of people exposed to a single traumatic event and those exposed to repeated trauma. Methods: Qualitative and quantitative data collection methods were applied including in depth interviews and focus groups of both therapists and exposed individuals. PTSD characteristics were recorded and analyzed for differences (in terms of appearance and severity) by trauma type. Results: Preliminary results show that the post traumatic symptoms seen in individuals exposed to repeated trauma are different from those associated with a single or short traumatic experience. Furthermore, most PTSD characteristics were rated lower for short duration traumatic exposure compared with repeated traumatic exposure. Most responders indicated that the time since the traumatic event is critical for diagnosis and treatment. Conclusions: Differences exist in PTSD characteristics between repeated and single traumatic event.

FRI 174**Poly-Victimisation across the Life Course as a Potential Etiological Factor of Psychopathology in an Adult Male Population**

(Abstract #1215)

Poster #FRI 174 (Res Meth, Chronic, Complex, Health, Lifespan) I - Industrialized**Armour, Cherie**¹, Burns, Carol¹, Lagdon, Susan², Boyda, David³¹*University of Ulster, Coleraine, Northern Ireland, United Kingdom*²*University of Ulster, Coleraine, Co. Londonderry, United Kingdom*³*University of Ulster, Magee Campus, Londonderry, Co. Londonderry, United Kingdom*

Victimisation research is heavily weighted toward females thus males are currently under represented. Latent Class Analysis was used to detect discrete typologies across eight victimisation types and Multinomial Logistic Regression was employed to establish comparative levels of risk of diagnosis on six negative mental health outcomes. Participants were 14,477 adult males aged 20 to 90 years, who participated in Wave 2 of the National Epidemiologic Study on Alcohol and Related Conditions (NESARC). The 4 class solution was considered optimal. Class-1 (81.4%) showed low endorsement probabilities across all victimisation indicators. Class-2 (4.5%) showed moderate endorsement probabilities on most indicators with a peak in relation to witnessing domestic violence during childhood. Class-3 (12%) showed high endorsement probabilities on the adult physical assault indicators. Odds ratios of negative

mental health outcomes for both these victimisation profiles were higher than for the reference class. Class-4 (2.1%) highly endorsed all victimisation indicators across the life course and showed the highest odds (OR=12.00, CI=0.150-0.190) of meeting PTSD's diagnostic criteria. Findings suggest that multiple discrete male victimisation typologies exist across the life course are strongly associated with increased likelihood of negative mental health outcomes.

PREVENTION/EARLY INTERVENTION

FRI 175

Implementation of a Stepped Early Psychological Care Model in the Montreal Burn Centre: A Success Story

(Abstract #1548)

Poster #FRI 175 (Prevent, Acc/Inj, Assess Dx, Clin Res, Prevent, Adult) I - Industrialized

Bond, Suzie¹, Mousseau, Manon², Gaudreau, Myriam², Bergeron, Nicolas³

¹University of Montreal, Montreal, Quebec, Canada

²Centre hospitalier de l'Universite de Montreal, Montreal, Quebec, Canada

³Centre hospitalier de l'Universite de Montreal / Medecins du Monde Canada, Montreal, Quebec, Canada

Burn survivors are at risk of developing mental health problems which can interfere with their recovery. The Montreal Burn Centre implemented an evidence-based model proposed by O'Donnell and colleagues (2008) for the traumatic injured population. This model is based on the risk assessment of developing PTSD or a major depression as well as on monitoring psychological reactions during the first month for those who have been identified at risk. Since April 2013, all burn survivors (N = 262) admitted to our burn unit have been screened for risk factors. According to the Predictive Assessment Scale, 133 (51%) patients were at risk of developing psychological difficulties and were therefore followed up at our outpatient clinic. The majority of patients (65%) completed the 1-month follow-up. Of these, 25 (29%) had significant anxiety or depression symptoms on the Hospital Anxiety and Depression Scale and 11 (13%) reported symptoms in the clinical range on the PTSD-checklist. The follow-up also allowed the psychologist to ask for problems with pain, physical appearance, sexuality, sleep and alcohol/drug consumption. Psychological help was offered when needed. This research-informed program facilitates the identification of at-risk individuals and optimizes global rehabilitation. Psychological assessment and intervention is now part of the routine care at our follow-up clinic.

FRI 176

The Relationship between Attitudes towards Trauma Disclosure and Perceptions of Social Support in recently Traumatized Individuals

(Abstract #1424)

Poster #FRI 176 (Prevent, Acute, Clin Res, Comm/Int, Adult) I - Industrialized

Ennis, Naomi, Wagner, Anne, Monson, Candice
Ryerson University, Toronto, Ontario, Canada

Social support is a robust predictor of posttraumatic stress disorder (PTSD) following trauma exposure. However, recent literature demonstrates that negative social interactions following trauma may be the specific facet of social support most related to PTSD. Previous studies suggest that how an individual communicates about the trauma (e.g., reluctance to disclose, negative emotional reactions while disclosing) is related to the reactions they experience from others, but there is a dearth of research examining these relationships among recently traumatized individuals. This study explored the association between attitudes towards trauma disclosure and perceived social interactions among individuals who experienced a trauma in the past 6 months. Participants (N = 140) completed the Social Reactions Questionnaire (SRQ), the Social Acknowledgment as a Victim Questionnaire (SAQ), and the Disclosure of Trauma Questionnaire (DTQ). The strongest correlation was between the DTQ Emotional Reactions and SAQ General Disapproval subscales, $r = .59$, $p < .001$, indicating that the experience of negative affect while communicating about the trauma is associated with perceptions of societal disapproval. Early interventions that target how trauma-exposed individuals communicate about their trauma may improve the responses they experience from others, which could in turn buffer against PTSD.

FRI 177
The Positive Effect of Knowing the Traumatic History of One's Family in the Process of Transgenerational Trauma Transmission
(Abstract #1896)

Poster #FRI 177 (Prevent, Surv/Hist, Intergen, Adult) I - Industrialized

Mazulyte, Egle, Gailiene, Danute
Vilnius University, Vilnius, Lithuania

Meta-analytic studies show no evidence for secondary or tertiary traumatization in nonclinical offspring of historical trauma survivors; however, there is a lack of understanding in resilience of traumatized families. The aim of this study is to explore the resilience in offspring of historically traumatized families in Lithuania, who experienced severe political persecutions during the soviet regime. Methods. 746 participants completed Life Events Checklist, Trauma Screening Questionnaire and Resilience Scale. They were also asked to provide information about family member experiences of political persecutions during the soviet occupation in Lithuania and their identification with this family

history. Results. Although offspring of politically repressed families experienced significantly more potentially traumatic events, they did not present more PTSD symptoms. On the contrary, they were more resilient than participants, whose families did not suffer political persecution. Higher resilience was found to be associated with a better knowledge of traumatic family history and adequate identification with this history. Conclusion. Knowing the traumatic history of one's family may serve as a protective factor and enhance resilience in the process of transgenerational trauma transmission. These results should be considered in preventing transgenerational trauma and its consequences.

FRI 178
Personality-Based PTSD Subtypes in College Students: Understanding the Link with Problem Drinking
(Abstract #1360)

Poster #FRI 178 (Prevent, Assess Dx, QoL, Sub/Abuse, Theory, Adult) - Industrialized

Radomski, Sharon, Read, Jennifer
SUNY Buffalo, Buffalo, New York, USA

PTSD is highly co-morbid with other disorders; personality may underlie this co-occurrence, through identified subtypes (externalizing, internalizing, simple). Subtypes may explain impulsive behaviors, yet have been studied mostly in veterans. This study tested PTSD subtypes in college students with full or partial PTSD (N=136) assessed via diagnostic interview (CAPS) and examined drinking (interview assessed) and related consequences across subtypes. Two-step cluster analysis delineated 4 subtypes based on personality (Big-Five Inventory; John & Srivastava, 1999). K-means cluster analysis revealed Externalizing (low conscientiousness, moderate neuroticism), Internalizing (low extraversion, moderate neuroticism), Unrestrained (high extraversion, moderate neuroticism), and Simple (low neuroticism) subtypes. Subtypes did not differ on drinking but did in consequences. Unrestrained showed greater alcohol dependence than all others, $F=5.94$, $p<.01$, and more consequences than Internalizing and Simple, $F=6.97$, $p<.01$. Though PTSD subtypes in young adults are similar to those previously identified, important differences emerge. Impulsive behaviors like drinking are high among all subtypes perhaps reflecting the influence of college context and developmental stage. Importantly, subtypes characterized by greater impulsivity (Externalizing and Unrestrained) are linked to problem drinking.

FRI 179**Does Depression Increase Threat of Sexual Re-Victimization among Survivors? Risk Perception and Resistance Self-Efficacy as Mechanisms**

(Abstract #903)

Poster #FRI 179 (Prevent, Chronic, Clinical Practice, Depr, Rape, Adult) I - N/A*Decker, Melissa, Littleton, Heather
East Carolina University, Greenville, North Carolina, USA*

Sexual assault predicts sexual re-victimization (Fisher et al., 2000) and results in a greater likelihood of depression (Kilpatrick et al., 2007; Lindquist et al., 2013). Although psychological distress is known to place women at greater risk for victimization (Messman-Moore et al., 2008; Rich et al., 2005), it is unknown how distress and victim status interact to increase re-victimization threat. For the current study, we investigated the effect of depressive symptoms and victim status on two variables that may affect victimization risk: perception of sexual assault risk in high risk situations, and self-efficacy to assertively resist unwanted sexual advances. The study involved an ethnically diverse sample of 1,955 college women attending one of two large Southeastern universities who completed an online survey. Results supported a significant interaction between depressive symptoms and victim status for both risk perception, $F(3, 1933) = 19.67, p < .001$, and resistance self-efficacy, $F(3, 1938) = 31.36, p < .001$. Post hoc analyses supported that the relationship between depressive symptoms and both risk perception and resistance self-efficacy was stronger among victims than non-victims, with this relationship being non-significant among non-victims in the case of risk perception. Implications of the findings for interventions to reduce re-victimization are discussed.

FRI 180**Dating Violence in Sexual Minority Students**

(Abstract #1601)

Poster #FRI 180 (Prevent, Clin Res, Cul Div, DV, Orient, Adult) I - Industrialized*Micol, Rachel¹, Steward, Jennifer¹, Davis, Joanne¹, Finn, Jacob²*¹*The University of Tulsa, Tulsa, Oklahoma, USA*²*Minneapolis VA Health Care System, Minneapolis, Minnesota, USA*

There is a paucity of research addressing dating violence among sexual minority college students. A better understanding of the dynamics of dating

violence in sexual minority relationships may allow for prevention and intervention efforts to be tailored to the unique needs of this population. The current study sought to explore the prevalence of physical, psychological, and sexual aggression, in addition to LGB-specific tactics of psychological aggression (e.g., threatening to "out" partner) in sexual minority dating partnerships. Undergraduate students ($N = 738$) completed measures of dating violence victimization and perpetration. Sexual minority students completed additional items reflective of unique types of psychological aggression in this population. Findings indicated that sexual minority students ($n = 52$) endorsed high rates of psychological, physical, and sexual violence perpetration (63.5%, 42.3%, 15.4%, respectively) and victimization (51.9%, 42.3%, 17.3%, respectively). Sexual minority students also reported sexual orientation-related violence victimization (19.2%) and perpetration (7.7%). Understanding dating violence in this population provides crucial insight into ways to influence prevention and intervention efforts, such as education about- and assessment of LGB-specific acts of violence. Limitations and additional implications will be discussed.

FRI 181**The Mediating Role of Posttraumatic Cognitions in the Relationship between Resiliency and PTSD Symptoms in a Prospective Observational Sample**

(Abstract #1631)

Poster #FRI 181 (Prevent, Cog/Int, Adult) M - Industrialized*Fiorillo, Devika, Thompson, Nick, Michopoulos, Vasiliki, Roffman, Rebecca, Rothbaum, Barbara, Ressler, Kerry
Emory University School of Medicine, Atlanta, Georgia, USA*

Trait resiliency is a protective factor in the development of PTSD. There is limited data on the relationship between resiliency and posttraumatic cognitions in predicting PTSD symptoms. The current study examined the role of negative cognitions as a mediator of trait resiliency and PTSD symptoms in a prospective sample in participants ($N=106$) enrolled from an ER trauma center after experiencing a criterion A trauma. Participants were assessed at the ER and at follow-up (1-, 3-, and 6- months). To test the mediation model, data from the Connor-Davidson Resilience Scale at 1-month, Posttraumatic Cognitions Inventory at 3-months, and PTSD Symptom Scale at 6-months were used. Multiple regression analyses showed that higher resiliency was negatively associated with total PTSD symptom scores ($p < .001$) and with total negative posttraumatic

cognitions ($p < .001$). Negative posttraumatic cognitions was positively associated with PTSD symptom scores ($p < .001$). Bootstrapping analysis confirmed the mediation model ($CI = -.43$ to $-.14$) and when controlling for negative post-trauma cognitions, the direct effect of resiliency on PTSD was no longer significant indicating full mediation. Together these prospective data suggest negative posttraumatic cognitions may be an important mechanism through which low resiliency relates to greater PTSD symptoms and has implications for prevention of PTSD.

FRI 182
The Military Environment: Factors Associated with Active Component and Reserve/National Guard Servicewomen's Risk Of Sexual Assault In Non-Deployed Settings

(Abstract #1922)

Poster #FRI 182 (Prevent, Comm/Vio, Rape, Adult) M - N/A

Sadler, Anne¹, Mengeling, Michelle², Booth, Brenda³, Torner, James⁴

¹Iowa City VAMC--CADRE, Iowa City, Iowa, USA

²CADRE, Iowa City VA Health Care System, Iowa City, Iowa, USA

³University of Arkansas, Little Rock, Arkansas, USA

⁴University of Iowa, Iowa City, Iowa, USA

We sought to identify risk/protective factors associated with active component(AC) and Reserve/National Guard (RNG) sexual assault in military (SAIM) in non-deployed locations. A Midwestern community sample of OEF/OIF women completed telephone-interviews assessing military, demographic, and assault characteristics. Military environmental factors were assessed with 31 questions from prior research and The Sexual Experiences Questionnaire. Of 13339 participants: 33% were officers, 50% AC, 79% currently serving. SAIM occurred in 17% of AC and 15% of RNG. Risk/protective items were grouped using confirmatory factor analysis. Logistic regression was used to determine the odds of assault in military. We analytically controlled for age, race, deployment history, current service, pre-military assault, marital status, service-length, and rank. AC vs RNG odds ratios (OR) were identified by grouped factors. Gender harassment: 1.75 vs 2.84 sexual hostility: 1.85 vs 3.76; unwanted sexual attention: 2.36 vs 4.37; sexual coercion: 1.93 vs 3.38; on-base & off-duty factors: 1.95 vs 4.56; self-protective behaviors: 2.12 vs 4.04; and military environment experiences: 2.29 vs 5.16. Factors in the military environment associated with risk of SAIM were identified and have implications for prevention. AC and RNG have unique

military environments in non-deployed locations and different SAIM risks.

FRI 183
Childhood Abuse and Risky Sexual Behaviours in Adulthood: The Mediating Role of Drug and Alcohol Use
 (Abstract #1089)

Poster #FRI 183 (Prevent, CPA, CSA, Health, Sub/Abuse, Adult) M - Industrialized

Rosen, Lianne¹, Mirotchnick, Carolyn¹, Eadie, Erin², Runtz, Marsha¹

¹University of Victoria, Victoria, British Columbia, Canada

²Hospital for Sick Children, Toronto, Ontario, Canada

Evidence suggests that child abuse (CA) survivors are more likely to engage in risky sexual behaviours (RSB) as adolescents or adults (e.g., early age of first intercourse, inconsistent contraception use [Annerbäck et al., 2012, Watson et al., 2013]). Research is needed to investigate possible mediators of this relationship, particularly as the majority of findings center around childhood sexual abuse (Senn, Carey, & Vanable, 2008). One variable that has been implicated as a possible mediator is substance use (e.g., ; Jones et al., 2013; Walsh et al., 2013). This study examined whether alcohol and drug use affect the link between four types of CA and RSB in adulthood. 751 participants were recruited from a Canadian university (74% women, 56% experienced CA). A path model where alcohol and drug use were specified as intervening variables between CA and RSB fit the data well, $S-B \chi^2 = 48.12$ (11), $p < .001$, CFI = .96, TFI = .92, RMSEA = .07, SRMR = .04. The direct effects pathway between CA and RSB became nonsignificant in the mediational model, $\beta = .04$. Findings suggest that substance use may represent an important avenue for intervention and prevention of risky sexual behaviours.

FRI 184
Childhood Abuse as a Correlate of Attrition from an Intimate Partner Violence Prevention Program for Military Couples
 (Abstract #1742)

Poster #FRI 184 (Prevent, CPA, DV, Mil/Vets, Adult) I - Industrialized

Massa, Andrea¹, Weatherill, Robin¹, Creech, Suzannah², Macdonald, Alexandra¹, Taft, Casey³

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

²VA VISN 17 Center of Excellence for Research on

Returning War Veterans, Waco, Texas, USA

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

Treatment adherence in intimate partner violence prevention programs has yet to be empirically examined to the best of our knowledge. We compared correlates of session attendance in military couples engaging in the *Strength at Home-Couples (SAH-C)* program, a 10-week trauma-focused cognitive behavioral group therapy designed to enhance intimate relationships and prevent intimate partner violence in military dyads, and a supportive therapy comparison group. We expected that the structured trauma-focused skills based approach would assist in overcoming trauma-related barriers to treatment and therefore associations between trauma variables and lower attendance would be stronger in the supportive condition. Initial findings indicated that history of childhood abuse was significantly correlated with lower attendance among Veterans in both the SAH-C and supportive conditions, and among their partners in the supportive condition only. In addition, there was a significant interaction between childhood abuse and treatment condition among Veterans, such that Veterans with a history of childhood abuse who were in the supportive condition attended less sessions than those in the SAH-C condition. The same pattern of results emerged for partners, at a trend level. These findings suggest the benefits of the trauma-focused cognitive behavioral approach in facilitating treatment compliance.

FRI 185

Prevention of Posttraumatic Stress Disorder with Propranolol: a Meta-Analytic Review
(Abstract #1844)

Poster #FRI 185 (Prevent, Clinical Practice, Bio/Int, Prevent, Adult) M - Latin Amer & Carib

Argolo, Felipe¹, Cavalcanti-Ribeiro, Patrícia², Netto, Liana¹, Guedes, Gisela³, Freitas, Lucas¹, Quarantini, Lucas³

¹Universidade Federal da Bahia, Salvador, Bahia, Brazil

²Universidade Federal do Rio Grande do Norte, Caicó, Rio Grande do Norte, Brazil

³Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Salvador, Bahia, Brazil

PTSD is associated with significant morbidity and its prevention could reduce a significant burden of individual and societal suffering. The aim of this study is to conduct a systematic review of the literature on the prevention of PTSD by using propranolol following exposure to a traumatic event. Authors searched all

studies published in the MEDLINE database until November 2014 and reviewed textbooks and reference lists. Clinical trials and observational studies were included if they investigated the effect of propranolol in the acute post-trauma phase to prevent PTSD symptoms for subjects 18 years of age or older. PTSD was diagnosed according to DSM or widely accepted and validated diagnostic tools. A random-effects model was used to perform meta-analysis. Five studies were included in the review for meta-analysis. Heterogeneity was not significant ($\tau^2 = 0.0$, S.E = 0.247; Cochran's Q (4) = 1.870, $p = 0.760$; $I^2 = 0\%$). Relative risk point estimate to effect of propranolol to prevent PTSD was 0.92 (95% CI: 0.55 – 1.55). Asymmetry was not significant under the Egger test ($z = -1.34$; $p = 0.180$). The findings suggest that propranolol treatment after the traumatic event did not alter the incidence of PTSD, although physiological responses are generally attenuated. Authors believe future studies should achieve bigger sample sizes and longer follow-up periods.

FRI 186

Sexual Functioning after Sexual Assault: A Six-Week Follow-Up of Adult Women and Adolescent Girls Receiving Sexual Assault Forensic Medical Examinations

(Abstract #72)

Poster #FRI 186 (Prevent, Rape, Adult) I - Industrialized

Badour, Christal¹, Walsh, Kate², Resnick, Heidi³

¹Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

²Columbia University, New York, New York, USA

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

Sexual assault has been linked to a range of sexual problems. Many studies assess sexual functioning years after an assault and few studies have examined associations with mental health symptoms. The present study aimed to begin addressing these gaps. Participants included 49 adult women and adolescent girls who reported being sexually active 6-weeks following a sexual assault forensic medical exam. Participants completed the Golombok Rust Inventory of Sexual Satisfaction (GRISS), Post-Traumatic Stress Symptom Scale-Self Report (PSS-SR), and Beck Depression Inventory (BDI). Significant overall sexual dysfunction was reported by 41.9% of the sample. Specific problems included avoidance of sex (60.7%), vaginismus (60%), infrequency of sexual activity (59.6%), difficulties communicating about sexual problems (50%), diminished sexual pleasure (50%), anorgasmia (29.1%), and dissatisfaction with a current sexual partner (20%). Symptoms of PTSD and

depression were significantly correlated with overall sexual problems, infrequency of sexual activity, avoidance of sex, and anorgasmia. Additionally, PTSD symptoms were associated with vaginismus, while depression was linked to diminished sexual pleasure and dissatisfaction with a current sexual partner. These results suggest acute sexual dysfunction may be common following sexual assault and highlight the need for further investigation.

FRI 187**An Exploration of the Role of Relaxation in Preventing and Reducing PTSS in Children Post-Injury**

(Abstract #251)

Poster #FRI 187 (Prevent, Acc/Inj, Clin Res, Child/Adol) I - N/A

Weiss, Danielle¹, **Cole, Danielle**¹, **Kassam-Adams, Nancy**², **Kohser, Kristen**¹, **Marsac, Meghan**²

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

²University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

Approximately 19% of children experience significant posttraumatic stress symptoms (PTSS) post-injury. While it is not yet best understood which factors lead to PTSS, research suggests that children who appraise situations as more threatening (vs neutral) have stronger physiological responses. Relaxation techniques can be beneficial in reducing the physiological manifestation of stress by decreasing adrenergic tone, hypervigilance and startle response. The present study investigated the relationship of relaxation strategies and PTSS in children with injuries. Children aged 8-17 (n=101) reported on relaxation as a coping strategy in response to potentially threatening situations and completed measures of PTSS at baseline (within two weeks post-injury), 6-week and 12-week follow-ups. 58% of children reported relaxation as a coping strategy. Results from independent sample t-tests indicated no significant difference in PTSS (at any time point) between children who endorsed relaxation as a coping strategy compared to those who did not. As this study did not assess the impact of child-reported relaxation on physiological responses, more research is needed to better understand how appraisals, physiological responses, and PTSS are related and to determine if and in what context relaxation could play a role in preventing or reducing PTSS.

FRI 188**Adolescent Trauma Exposure and Internalizing/Externalizing Symptoms**

(Abstract #1553)

Poster #FRI 188 (Prevent, Acute, Aggress, Assess Dx, Clin Res, Child/Adol) I - Industrialized

Flaster, Aaron¹, **Darnell, Doyanne**², **Hendricks, Karen**³, **Kerbat, Amanda**², **Comtois, Kate**²

¹University of Washington, Seattle, Washington, USA

²University of Washington/Harborview Medical Center, Seattle, Washington, USA

³Indiana University, Bloomington, Indiana, USA

Trauma-exposed youth often have co-occurring internalizing and externalizing symptoms. Research has not determined whether the severity of these symptoms depends on how many types of traumas a youth has experienced. We examined whether exposure to more types of traumas is related to worse internalizing and externalizing symptoms among 94 youth ages 13-19 from four clinical populations: those seeking 1) inpatient psychiatry, 2) outpatient psychiatry, 3) residential substance abuse, and 4) medical services. Youths reported on the types of trauma experienced with the UCLA PTSD Index and internalizing and externalizing symptoms with the Youth Self Report. Two multiple regression analyses controlling for clinical population, age, ethnicity, and gender showed that exposure to more types of trauma was associated with externalizing symptoms ($B = 1.83$, $p < .01$), but not internalizing symptoms ($B = .87$, $p = .25$). Greater variety of traumatic exposure was associated with greater externalizing symptoms across youth from diverse clinical populations. Given that externalizing behaviors increase risk for additional trauma, among other psychosocial problems, treatments addressing externalizing behaviors (e.g., Motivational Interviewing) may be necessary in addition to those targeting posttraumatic stress among trauma-exposed youth.

FRI 189**Interpersonal Risk Factors for the Onset of Post-Traumatic Stress Symptoms among Disaster-Exposed Children and Adolescents**

(Abstract #1045)

Poster #FRI 189 (Prevent, Clin Res, Nat/Dis, Prevent, Child/Adol) M - N/A

Crowley, Matthew¹, **Hurd, Nicole**¹, **Felton, Julia**²

¹University of Maryland, College Park, College Park, Maryland, USA

²University of Maryland, College Park, Maryland, USA

Identifying children that are at an increased risk for pathology after a natural disaster is vital to effectively target treatments. Research has found that youth who co-ruminate, defined as repeatedly discussing negative feelings about stressful events within friendship dyads, may be at increased risk for pathology after stressful events (Rose, 2012). No research, to date, has examined the role of co-rumination in predicting post-disaster functioning. The current study utilizes a prospective design to test whether pre-disaster levels of co-rumination predict post-traumatic stress symptoms (PTSS). From a larger study, we collected data from 126 children in grades 5th-9th on their current depressive symptoms and tendency to co-ruminate. Four months after the initial data collection, a flood occurred. Once participants returned to school, we collected data on children's PTSS. We regressed children's sex, age, and pre-flood co-rumination scores, and their interactions, on post-flood PTSS, controlling for youths' exposure to the flood and previous depressive symptoms. Level of flood exposure ($\beta=0.41$, $p<0.001$) and pre-disaster depression levels ($\beta=0.16$, $p=0.048$) predicted PTSS. We found a significant interaction between age and co-rumination ($\beta=-1.37$, $p=0.044$) such that level of co-rumination predicted PTSS for younger, but not older, children. Clinical implications are discussed.

FRI 190

Child Abuse and Sexual Revictimization in Adulthood: Understanding the Mediating Role of Emotion Dysregulation

(Abstract #1632)

Poster #FRI 190 (Prevent, CPA, CSA, Ethnic, Rape, Lifespan) M - Industrialized

Fiorillo, Devika¹, Powers Lott, Abigail¹, Ressler, Kerry¹, Bradley, Bekh²

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

²Atlanta VAMC/Emory University, Decatur, Georgia, USA

Childhood abuse has been linked to increased risk for sexual revictimization. Although emotion dysregulation has been identified as a relevant factor, research on the relationship between emotion dysregulation and childhood abuse as they relate to revictimization is limited, particularly when considering community samples and ethnic minorities. The current study examined whether emotion dysregulation mediated the relationship between childhood abuse and frequency of adult sexual assault in a sample of 352 adults (88% female, 97% African-American) recruited from a public, urban hospital. Sexual and physical childhood abuse was measured using the Childhood Trauma Questionnaire, emotion

dysregulation was measured using the Difficulties in Emotion Regulation Scale, and adult sexual assault was measured using the Traumatic Events Inventory. Childhood abuse and emotion dysregulation were significantly associated with the rate of sexual assaults in adulthood (both $p<.01$). After controlling for the others DERS scales, the DERS nonacceptance of emotions subscale was significantly associated with number of adult sexual assaults ($p<.01$). Bootstrapping analyses showed that overall emotion dysregulation fully mediated the effect of childhood abuse and frequency of sexual assaults in adulthood. Interventions focused on emotion regulation may have utility in addressing revictimization.

FRI 191

Improving Care Quality and Preventing Maltreatment in Institutional Care – Transferring Knowledge from Developmental Psychology into Childcare Practice

(Abstract #1175)

Poster #FRI 191 (Prevent, CPA, Fam/Int, Global, Neglect, Lifespan) - E & S Africa

Hecker, Tobias¹, Kaltenbach, Elisa², Mkinga, Getrude³, Hermenau, Katharin²

¹University of Zurich, Zurich, Switzerland

²Konstanz University, Konstanz, Germany

³University of Daressalaam, Daressalaam, Tanzania

Institutionalized children often face maltreatment and inadequate caregiving. In addition to prior traumatization and other childhood adversities in the family of origin, abuse and neglect in institutional care are linked to trauma-related disorders and other mental health problems. By providing a training for caregivers in Tanzania we aimed at improving care quality and at preventing maltreatment in institutional care. In Study 1, we conducted a two-week training focusing on age-appropriate caregiving, attachment, non-violent caregiving strategies and dealing with traumatized and burdened children. Twenty-nine participating caregivers rated feasibility and efficacy of the training immediately before, after, and three months after the training. The results showed good feasibility and caregivers reported improvements in caregiver-child relationships, as well as in the children's behavior. Study 2 assessed maltreatment and mental health of 28 orphans living in one institution from which all caregivers had been trained. The children were interviewed 20 months before, one month before, and three months after the training. They reported a decrease in physical maltreatment and mental health problems. Our approach seems feasible, leading to changes in attitude and behavior of caregivers, thereby decreasing maltreatment and mental health problems of institutionalized children.

FRI 192**The Effect of Specific Risk Factors on Maternal Emotional Availability with 12-Month Old Infants**

(Abstract #1930)

Poster #FRI 192 (Prevent, Clinical Practice, Fam/Int, Lifespan) I - Industrialized*D'Amico, Julie, Gilchrist, Michelle, Martinez-Torteya, Cecilia
DePaul University, Chicago, Illinois, USA*

Cumulative adversity is a strong predictor of family functioning and confers risk for psychosocial problems (Knitzer & Perry, 2009). Emotionally responsive caregiving can minimize the impact of high-risk situations on child development (Egeland, Carlson, & Sroufe, 1993), but caregiver ability to engage in an emotional available relationship may be impaired by this accumulation of risk (e.g., maternal depression; Goodman & Brand, 2009). This poster evaluates the influence of demographic (income, housing stability, and fiscal stress) and parent specific (depression and PTSD symptoms, and experience of intimate partner violence) risk factors on maternal parenting behaviors and emotional availability. Ongoing data collection uses questionnaires to measure risk factors, Parenting Behavior Checklist, and a mother-infant free play interaction coded using the Emotional Availability Scales. Preliminary correlations ($N = 37$, target $N = 60$) show significant associations between income and maternal nurturing and a trend level correlation between PTSD and harsh parenting. Stepwise regression will be used with the full sample to evaluate contributions of specific risk factors on Nurturing, Harsh Discipline, and maternal Emotional Availability. Findings will improve services for high-risk families, with providers better able to address risk factors and improve mother-infant relationships.

FRI 193**Complexity Science, Disaster Mental Health, and Community Resilience: The Remarkable Saga of the Lac-Mégantic Runaway Train**

(Abstract #891)

Poster #FRI 193 (Prevent, Acc/Inj, Comm/Int, Prevent, Tech, N/A) I - Global*Shultz, James¹, G  n  reux, M  lissa², Roy, Mathieu², Maltais, Danielle³, Hall, Trevor⁴, Mazurik, Laurie⁴**¹University of Miami Miller School of Medicine, Miami, Florida, USA**²Universit   de Sherbrooke, Sherbrooke, Quebec, Canada**³Universit   du Quebec    Chicoutimi, ville de**Saguenay, Quebec, Canada**⁴Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada*

Introduction: On July 6, 2013, an unmanned runaway train hurtled downhill into the town of Lac-M  gantic, Quebec, Canada where 63 tank cars derailed, rupturing and sending surging flows of Bakken Formation crude oil along the rails. The oil ignited explosively and the ensuing inferno raged for 2 days, killing 47 citizens and razing large sections of the downtown. Methods: A complexity science case study was conducted drawing upon trans-disciplinary expertise. A team of public health and psychological professionals contributed perspectives on disaster mental health and community resilience. Results: The Lac-M  gantic train derailment and explosion provides a supreme example of the operation of disaster cascades. An intricate complex of risk factors, involving antiquated policies, lax governance, overt negligence, conflicting operational protocols, and human error culminated in a midnight runaway train scenario that set off the derailment of dozens of tank cars that erupted into a fireball burning so hot that downtown Lac-M  gantic was incinerated. The loss of 47 lives was notable because this was a train without passengers; all casualties were community residents. Conclusions: Complexity science helps decipher the array of diverse contributing factors that trigger disasters and provides insights into the emergence of community resilience when extreme events occur.

FRI 194**Medically Unexplained Symptoms and Post-Traumatic Stress Disorder among Danish Soldiers after Deployment to Afghanistan**

(Abstract #597)

Poster #FRI 194 (Prevent, Health, Illness, QoL, Mil/Vets, Other) M - Industrialized*Nielsen, Anni¹, Budtz-Lilly, Anna², Karstoft, Karen-Inge¹, Christensen, Ka², Andersen, S  ren¹, Rosendal, Marianne²**¹Research and Knowledge Center, The Danish Veteran Center, Ringsted, Zealand, Denmark**²Aarhus University, Aarhus C, Jutland, Denmark*

Medically unexplained symptoms (MUS) are frequent in soldiers after deployment (Greenberg & Jones 2009). Individuals with severe MUS have low quality of life. Individuals with post-traumatic stress disorder (PTSD) symptoms also report more MUS than those without (Gupta 2013). Research on MUS and PTSD symptoms is sparse. We aimed to examine the prevalence of MUS and the association with PTSD symptoms among Danish soldiers. Methods: Cross-sectional study 9 months after deployment.

Participants (N=285) completed the Posttraumatic Stress Disorder Checklist-Civilian version (PCL-C; Weathers et al. 1993) and the Bodily Distress Syndrome Checklist (BDS, indication of MUS; Budtz-Lilly et al. 2014). We examined correlations between BDS and PCL-C as well as symptom-cluster correlations. Results: 17.5% fulfilled the criteria for BDS. Higher PCL-score (median 26.5 vs. 19), prevalence of intrusion, avoidance and hyper-arousal was found among individual with BDS vs. without. Correlation between BDS and PCL symptom scores was moderate ($r=0.53$), while there were only weak correlations between overall PCL symptom scores and BDS symptom-clusters. Conclusion: Two out of ten soldiers present with possible BDS after deployment. Since BDS and PTSD symptoms are closely related it is worth exploring these conditions and their management jointly to improve patient prognosis and quality of life.

CLINICAL PRACTICE

FRI 195

Predictors of Treatment PTSD Outcome in a Sample of Iraq and Afghanistan Female Veterans with Group Exposure Therapy

(Abstract #1094)

Poster #FRI 195 (Practice, Clin Res, Clinical Practice, Mil/Vets, Adult) - Industrialized

Castillo, Diane, Belon, Katherine, C'de Baca, Janet
New Mexico VA Healthcare System, Albuquerque,
New Mexico, USA

Exposure therapy has been established as a standard of care in the treatment of PTSD. Two predictors of successful PTSD treatment response with exposure therapy are: an individual is free of psychotropic medications (Goodson, et al, 2013) and has a lower level of pretreatment anxiety (van Minnen & Hagenars, 2002). Predictors of PTSD outcome (CAPS) will be examined in a sample of 49 female Iraq (OIF) and Afghanistan (OEF) Veterans with a 75% PTSD treatment response (decrease > 10 CAPS points). In this Randomized Controlled Trial, treatment consisted of a 16-week group protocol partitioned into 3 blocks of treatments—exposure, cognitive, and skills-based therapies. Pre-treatment medication use and co-morbid anxiety disorders are hypothesized to predict PTSD improvement within the exposure block of treatment. Other baseline assessments include the CAPS, SCID-I and II, LEC, MSEQ, general functioning (QOLI, SF36), and demographics and will be entered into a step-wise regression analysis to identify predictors of outcome (CAPS and PCL). Results will be discussed in replication of past research on the identification of predictors of success in the use of exposure therapy and the implications for delivery format (group versus individual) for exposure therapy, as alienation was found to predict poorer outcome in individually delivered exposure therapy (Ehlers, et al., 1998).

FRI 196

Neurobiological Predictors of Response to Prolonged Exposure in PTSD

(Abstract #1096)

Poster #FRI 196 (Clin Res, Affect/Int, Clin Res, Bio/Int, Adult) - Industrialized

Goodkind, Madeleine¹, Fonzo, Greg², Peng, Kathy², Weiss, Elizabeth³, Rothbaum, Barbara⁴, Etkin, Amit³

¹New Mexico VA Healthcare System, Albuquerque, New Mexico, USA

²Stanford University, Palo Alto, California, USA

³Stanford University/Palo Alto VA, Palo Alto,

California, USA

⁴Emory University School of Medicine, Atlanta, Georgia, USA

Despite the wide-ranging and often severe symptoms associated with posttraumatic stress disorder (PTSD), empirically validated psychotherapies are available that target these symptoms in a theory-driven and effective manner. Recent emphasis on personalized medicine has bolstered efforts to identify those early indicators of who will respond to particular treatments. Neurobiological markers offer an encouraging area of exploration. PTSD is associated with affective deficits related to dysregulation in limbic regions (critical for emotional reactivity) and inefficient activation in prefrontal regions (necessary for regulating limbic activity). We present data on a study examining the neural circuitry of response to Prolonged Exposure (PE) therapy in PTSD. At baseline, 34 participants with PTSD completed functional neuroimaging during tasks measuring emotional reactivity and regulation. PTSD symptomatology was measured at baseline and after PE using the Clinician-Administered PTSD Scale (CAPS); treatment effectiveness was evaluated by measuring the percentage change in CAPS score. Activation in regions important for emotional reactivity (i.e., amygdala and insula) and emotion regulation (e.g. ventromedial and dorsolateral prefrontal cortex) at baseline was associated PE treatment effectiveness in participants with PTSD.

FRI 197

Psychophysiological Assessment of Non-Interpersonal Violence Residual Injuries

(Abstract #1440)

Poster #FRI 197 (Practice, Acc/Inj, Health, Adult) M - Industrialized

Weaver, Terri, Hurless, Nicole, Glon, Brendon, Mii, Akemi, Jaques, Michelle, Elrod, Noel
Saint Louis University, Saint Louis, Missouri, USA

Preliminary research suggests that trauma victim survivors can experience increased psychophysiological reactivity to cues/triggers associated with their trauma, including images of marks or scars associated with interpersonal violence. In addition, women who have experienced intimate partner violence (IPV) have heightened levels of body image concerns that may be associated with the presence of a residual mark or scar that resulted from IPV. The current study aims to extend this line of research in three ways, with the goal of dismantling the mechanisms underlying reactivity to one possible form of trauma-related cue: a residual mark or scar. This study will attempt to generalize previous findings to a nonclinical undergraduate population, extend the

exploration to a non-trauma related scar, and extend the analysis to trauma by way of examining differential psychophysiological response and body image concerns based on individual trauma history. A randomized series of images will be presented to participants during the psychophysiological protocol, including standardized IAPS images, images of participant's own residual marks/scars, a photograph of the analogous bilateral body region, and a standardized photograph of another participant's residual injury. Implications of these findings for treatment and research with victims of trauma, including IPV events, will be discussed.

FRI 198

History of Traumatic Brain Injury Is Associated with Increased Mental Health Service Use among Veterans with PTSD, Depression, and Anxiety

(Abstract #1708)

Poster #FRI 198 (Practice, Anx, Clinical Practice, Depr, Mil/Vets, Adult) M - Industrialized

Miles, Shannon¹, Mott, Juliette², Hundt, Natalie³, Mignogna, Joseph³, Thompson, Karin³, Pastorek, Nicholas⁴

¹Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA

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

³Michael E. DeBakey VA Medical Center, Houston, Texas, USA

⁴Michael E. DeBakey VA Medical Center / Baylor College of Medicine Dept. of Physical Medicine and Rehabilitation, Houston, Texas, USA

Mental health disorders, such as posttraumatic stress disorder (PTSD), and traumatic brain injury (TBI) are prevalent among Afghanistan and Iraq Veterans. In order to provide high quality mental health care to Veterans, we must understand their service needs, especially when Veterans have both physical and psychiatric challenges. This study examines how TBI history affects mental health service utilization in a sample of returning Veterans (N=55,458) newly diagnosed with PTSD, depression, and/or anxiety. Data were extracted from the Veterans Health Administration National Patient Care Database, which contained service utilization records linked with scrambled social security numbers for the 2010 fiscal year. PTSD and TBI history, but not depression or anxiety, were significant predictors of number of psychotherapy visits, even when controlling for demographic and clinical variables. Veterans with a TBI history attended more psychotherapy visits, $t(7966)=7.76$, $p<.001$, and were more likely to attend 8 or more psychotherapy sessions, $X^2(6,225)=13.93$, $df=2$, $p<.001$, than Veterans without TBI histories.

PTSD, anxiety, depression, and TBI history predicted number of psychotropic medication management visits. TBI history was independently related to greater utilization of psychotherapy and medication mental health services, even after accounting for PTSD, anxiety and depression.

FRI 199

Assessing the Relationship between Clinician-Administered and Self-Report Measures of PTSD: A Meta-Analysis

(Abstract #474)

Poster #FRI 199 (Practice, Assess Dx, Adult) I - N/A

George, Sunita, Elwood, Lisa

University of Indianapolis, Indianapolis, Indiana, USA

The current study is conducted to examine the level of agreement between clinician-administered (CA) and self-report (SR) measures of Posttraumatic Stress disorder (PTSD). Prior research has presented mixed findings regarding the strength of association between these commonly used assessment formats and authors have attributed this discrepancy to factors such as specific study methods or sample demographics. Thus, the current investigation is conducted to not only identify the level of agreement between CA and SR measures of PTSD, but also to identify factors that affect this level of agreement. Accordingly, exploratory analyses will be conducted to assess the influence of potential moderator variables, such as gender and trauma type, on this relationship. Data will be collected in the spring of 2015 and results will be available by this summer. Methods entail using specific meta-analytic procedures including a comprehensive literature search, a systematic coding system to extract relevant information from each study, and statistical analyses to obtain the overall level of agreement between CA and SR measures of PTSD as well as moderator analyses to reveal the influence of any potential moderator variables on this relationship. This information could have significant clinical, theoretical, and methodological implications for the assessment of PTSD.

FRI 200

Posttraumatic Stress Disorder Symptom Profiles of OEF/OIF/OND Veterans

(Abstract #2017)

Poster #FRI 200 (Practice, Assess Dx, Clin Res, Mil/Vets, Adult) M - Industrialized

McManus, Eliza, Tomassetti-Long, Victoria,

Arseneau, Julie, Stewart, Heather, Bradley, John,

Fruchter, Yvette

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

Given the increasing number of returning service members from Operative Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) and the recent changes to Posttraumatic Stress Disorder in the DSM-5, it is important to maintain an understanding of this growing population. This poster will examine Posttraumatic Stress Disorder diagnostic profiles of OEF/OIF/OND Veterans (n=120) seeking treatment in a PTSD specialty clinic in the Veterans Health Administration. Veterans were assessed using a semi-structured diagnostic clinical interview. Sex differences and conflict differences will be explored. Symptom frequencies from the diagnostic clinical interview will be calculated to determine a PTSD profile among this cohort. Treatment and clinical considerations will be discussed.

FRI 201

Evaluation of a Shared Decision-Making Model on Evidence Based Treatment Engagement and Completion in a VA Outpatient PTSD Clinic

(Abstract #788)

Poster #FRI 201 (Practice, Assess Dx, Clinical Practice, Mil/Vets, Adult) M - Industrialized

London, Melissa, Hessinger, Jonathan, Baer, Sheila
Hines VA Hospital, Hines, Illinois, USA

Despite efforts to increase mental health care service utilization, treatment engagement and completion remain critical issues within the Veteran's Health Administration (VA), particularly for the treatment of posttraumatic stress disorder (PTSD). Recent studies of shared decision-making models for the treatment of PTSD have highlighted the impact of this approach on increased selection and reception of evidence based therapies (EBTs; e.g., Mott et al., 2014). The current project aims to evaluate the impact of the shared decision making session recently implemented in a VA outpatient PTSD clinic on the initiation and engagement in EBTs for PTSD. Archival data from approximately 1000 veterans will be analyzed. Rates of treatment initiation, attendance, and completion will be compared before and after the shared decision-making session was included into clinic programming. Access to treatment will be examined by comparing the time elapsed from consult to EBT initiation. Demographic factors (i.e., sex and age) will be explored. It is hypothesized that veterans who received this session will show higher rates of EBT initiation in a shorter time than veterans that did not receive this intervention previously. It is also expected

that veteran's receiving the shared decision making model will attend more therapy sessions and be more likely to be classified as treatment completers.

FRI 202

Optimal Care following Forced Migration: A Comparison of Psychosocial Services to Foster Adaptive Life Functioning among Refugees

(Abstract #413)

Poster #FRI 202 (Practice, Chronic, Clin Res, Commun, QoL, Adult) M - Industrialized

Reed, David¹, Bagheri, Tara¹, Wickham, Robert¹, Husic, Armina², Patel, Sita¹

¹Palo Alto University, Palo Alto, California, USA

²Asian Americans for Community Involvement: Center for Survivors of Torture, San Jose, California, USA

Forced migrants show higher rates of trauma than those who immigrate without external pressure. However, refugees often seek services for urgent resettlement needs that take precedence over psychological problems. Little is known about which types of services for refugees optimize improvement in adaptive life functioning. This study used a community-collaborative approach to explore the impact of two types of services for refugees (case management alone or case management and psychological services) on adaptive life functioning. Using archival data drawn from an outpatient clinic for adult refugees (n=43), this study first examined levels of post-traumatic stress and depression. Second, t-tests compared improvement on functional improvement scores (Global Assessment of Functioning [GAF] and Culturally Adaptive Functioning Index [CAFI]) between refugees who received case management services alone and those who received both case management and mental health treatment. Preliminary results suggest that refugees who received combined services have more functional improvement on both the GAF ([15] = 7.12, =.000) and CAFI ([16] = 4.40, =.000). This study demonstrates that, for refugees, addressing either mental health or life functioning needs in isolation is not sufficient. Instead, optimal care includes services directed at both adaptive functioning and psychological health.

FRI 203

BDSM and Trauma: Is There a Relationship?

(Abstract #341)

Poster #FRI 203 (Practice, Chronic, Complex, Rape, Orient, Adult) I - Global

Daniels, Angel, Copp, Christopher, Harner, Michelle, Jessick, Laura

Marymount University, Arlington, Virginia, USA

Interest in the Bondage-Domination-Sadism-Masochism (BDSM) sexuality and community has been growing of late, particularly in response to the popularity of such books as 50 Shades of Gray, yet there has been very little empirical research done to understand those who are drawn to, and engage in these behaviors. Of particular concern, there is a dearth of psychological research or understanding about the potential relationship between trauma and engagement in BDSM, leaving mental health practitioners in a position of ignorance surrounding how to treat clients who present with BDSM-related concerns and/or issues. This study attempts not only gain an understanding of the interests and behaviors of those in the BDSM community, but also to assess if there is any relationship between past experiences of abuse and/or violence and the development of BDSM sexuality. A total of 330 participants who engage in BDSM answered questions related to the etiology of their BDSM interests and behaviors, experiences of trauma, perceptions of the impact of BDSM on their mental health, and symptomology of PTSD and complex trauma. The findings and potential implications will be presented.

FRI 205

A Systematic Review of a Group-Based Trauma Intervention for Military Personnel

(Abstract #1980)

Poster #FRI 205 (Practice, Clin Res, Mil/Vets, Adult) M - Industrialized

Buchanan, Marla, Chou, Fred, **Bennett, Andrea**
University of British Columbia, Vancouver, British Columbia, Canada

Having adequate social supports who can empathize and understand soldiers' experiences is essential for their recovery and adjustment back to civilian life (Demers, 2011). One re-entry program that facilitates this process is the Veterans Transition Program (VTP) - a group-based trauma intervention designed to target PTSS and address reintegration difficulties. A recent study of the VTP found that it effectively reduced PTSS symptoms related to (a) re-experiencing, (b) avoidance, and (c) hyperarousal, which aided soldiers' ability to reconnect back to their relationships and community (Cox et al., 2014). The present study is a systematic review of the VTP's ability to effectively treat PTSS among military personnel. The VTP utilizes an action-based intervention of enactments to re-create and work through traumatic events within the safety of a witnessing group (Westwood et al., 2002). Soldiers

engage in 3 phases of treatment: (a) group safety building, (b) enacting the traumatic narrative, and (c) debriefing with the group. Results indicate that all phases of treatment are necessary in order to create a corrective experience that significantly alleviates shame, creates a renewed sense of safety and trust in self and others, reduces PTSS, and increases life satisfaction among soldiers transitioning to civilian life.

FRI 206

A Review of Dropout from Psychotherapy for Posttraumatic Stress Disorder among Iraq and Afghanistan Combat Veterans

(Abstract #70)

Poster #FRI 206 (Practice, Clin Res, Mil/Vets, Adult) I - N/A

Zakarian, Rebecca¹, Goetter, Elizabeth², Bui, Eric², Osjerkis, Rebecca¹, Brendel, Rebecca², Simon, Naomi²

¹Massachusetts General Hospital, Boston, Massachusetts, USA

²Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA

Many Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) veterans develop combat-related posttraumatic stress disorder (PTSD; Smith et al., 2008). While effective treatments are available, underutilization of mental health services is a major issue in this population (Seal et al., 2010), with many veterans prematurely dropping out of treatment (Harpaz-Rotem & Rosenheck, 2011). The purpose of the present meta-analytic review is to summarize dropout rates from outpatient, psychosocial PTSD interventions provided to OEF/OIF/OND veterans with combat-related PTSD. Of the 788 articles identified by our search, 20 studies (pooled $n=1,191$) were eligible for review. Dropout rates ranged from 5.0% to 78.2%, and the overall pooled dropout rate was 36.0%, 95% CI [26.20 – 43.90]. Dropout rates differed by study type (routine clinical care settings had higher dropout than clinical trials, $p < 0.05$) and treatment format (group treatment had higher dropout than individual treatment, $p < 0.05$), but not by whether or not comorbid substance dependence was excluded, treatment modality (telemedicine vs. in-person treatment), or treatment type (exposure therapy vs. non-exposure therapy). Novel strategies to enhance treatment retention are needed in order to maximize treatment efficacy and optimize access to care.

FRI 208

The Association between Varying Levels of Trauma Exposure and Risky Behaviors among College Students

(Abstract #1978)

Poster #FRI 208 (Practice, Complex, Health, Sub/Abuse, Adult) I - Industrialized

Fugitt, Jessica, Melkonian, Alex, Dutton, Courtney, Ham, Lindsay
University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA

Research suggests that those who suffer trauma tend to engage in more risky behaviors, associated with higher rates of revictimization, than those without a significant trauma history and that experiencing multiple traumas can lead to differing outcomes. The current study examines risk behaviors in 7,574 young adults who participated in a multi-site study across three groups (i.e., multiple, single, and no trauma). It was hypothesized that those with trauma exposure engage in risky behaviors more frequently than those with no trauma exposure and that those with repeated trauma exposure engage in risky behaviors more frequently than those with a single traumatic episode. The results of this examination suggest that experiencing a single trauma elevated frequency of risky substance use behaviors, but not risky sexual behaviors. Those with repeated trauma exhibited more frequent risky sexual behaviors [$F(1,2) = 12.11$, $p < .001$], more frequent risky drug-use behaviors [$F(1,2) = 8.84$, $p < .001$] and more hazardous drinking [$F(1,2) = 8.86$, $p < .001$] than those with a single trauma. This research suggests that conceptualizing trauma related sequelae and mental health outcomes in an all or none fashion may not account for the complicated risk that follows multiple traumatic experiences.

FRI 209

Prospective Associations between Changes in Spiritual Struggles and Combat-Related PTSD Outcomes after Residential Treatment

(Abstract #167)

Poster #FRI 209 (Practice, Complex, Mil/Vets, Adult) M - Industrialized

McCormick, Wesley¹, Currier, Joseph¹, Drescher, Kent²

¹University of South Alabama, Mobile, Alabama, USA

²The Pathway Home - California Transition Center for the Care of Combat Veterans, Menlo Park, California, USA

Spiritual struggles may interfere with military veterans' recovery after trauma (e.g., Witvliet et al., 2004; Currier et al., 2015). As such, this study examined prospective associations between changes in two indices of spiritual struggles – forgiveness and

negative religious coping – over the course of a VA PTSD residential program and PTSD symptom severity at post-treatment and six months after treatment. A total of 272 veterans completed the forgiveness and negative religious coping subscales of the Brief Multidimensional Measure of Religiousness/Spirituality (Fetzer Institute, 1999; Idler et al., 2003) and the PTSD Checklist-Military Version (PCL-M; Weathers et al., 1993) at intake, discharge, and six-month follow up assessment. When including pre-treatment PCL-M scores as a covariate, multivariate regression analyses revealed that improvements in forgiveness ($B = -.287, p < .001$) and negative religious coping ($B = .182, p = .001$) were uniquely linked with PTSD at discharge. Improvement in forgiveness ($B = -.146, p = .045$) was also uniquely linked with PTSD symptomatology at follow up. The results support the potential benefits of addressing forgiveness and negative religious coping in treatment programs for veterans. By addressing spiritual struggles, practitioners may be equipped with a holistic approach to foster and sustain positive outcomes among military veterans.

FRI 210

Predictors of Treatment Attrition in a Sample of Danish Incest Survivors

(Abstract #1671)

**Poster #FRI 210 (Practice, CSA, Clin Res, Adult)
I - Industrialized**

Fletcher, Shelley¹, Armour, Cherie², Elklit, Ask³, Shevlin, Mark⁴

¹University of Ulster, Coleraine, Co. Londonderry, United Kingdom

²University of Ulster, Coleraine, Northern Ireland, United Kingdom

³University of Southern Denmark, Odense, Denmark

⁴University of Ulster, Derry, United Kingdom

Childhood sexual abuse can have severe and long lasting consequences and often psychological treatment is required to treat associated trauma symptoms. However, treatment attrition is a significant problem within this population. The current study examined predictors of treatment attrition (demographics, abuse characteristics, coping, social support, attachment, and trauma symptoms) in a sample of 515 Danish Incest survivors. Assessments were conducted on a 6 monthly basis over a period of 2 years. By the fourth data collection point, 82.9% of participants had dropped out of treatment. Analyses demonstrated that there were few differences between individuals that completed treatment and those that did not with regard to demographic characteristics, abuse characteristics, and trauma symptoms. A logistic regression revealed that the perception that others are trustworthy and

dependable, higher levels of social support, and a detached coping style predicted treatment attrition. These factors may be important for identifying those at risk of terminating treatment prematurely. Implications for clinicians working with this population and further research will be discussed. A better understanding of the factors that predict attrition will help improve rates of treatment completion.

FRI 211

Sheltering for Safety in Community Women with Divorce Histories

(Abstract #443)

Poster #FRI 211 (Practice, DV, QoL, Res Meth, Adult) M - N/A

Warnecke, Ashlee, Szabo, Yvette, Burns, Vicki, Fernandez-Botran, Rafael, Miller, James, Newton, Tamara

University Of Louisville, Louisville, Kentucky, USA

Intimate partner abuse (IPA) is a heterogeneous traumatic stressor. Comparisons of community versus shelter samples have been used to characterize this heterogeneity. In contrast, the present study evaluated sheltering in a community sample. We differentiated formal (i.e., agency) and informal (i.e., friends/family) sheltering, and assessed whether severity indicators that characterize shelter-recruited women occur in this community sample. Midlife women with divorce histories ($n=197$) reported on past sheltering, violence severity, injury history, coercive control and emergency protective order (EPO) obtainment across all stressful relationships. More women reported never sheltering ($n=91$) or informal sheltering ($n=84$), compared with formal sheltering ($n=22$). Violence exposure differed across the three groups ($p < .0001$), being highest for formal sheltering, and lowest for never sheltering. Women who sheltered informally had rates or levels of general physical injury, head injury, coercive control, and EPO obtainment that were equivalent to those who sheltered formally, and that exceeded those of women who never sheltered ($p < .0001$). Women with sheltering histories, as well as IPA heterogeneity, can be identified in community samples. Sheltering informally, a type not previously considered, is prevalent and is similar to formal sheltering in terms of severity indicators.

FRI 212

The Impact of Provider Gender Preference on Patient-Provider Relationships in Veterans Screened Positive for Military Sexual Trauma

(Abstract #1403)

Poster #FRI 212 (Practice, Clinical Practice, Rape, Mil/Vets, Adult) M - Industrialized

McBain, Sacha¹, Garneau-Fournier, Jade¹, Torres, Tammy², Detweiler, Laura¹, Turchik, Jessica³

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

²Pacific Graduate School of Psychology-Stanford Psy.D. Consortium, Palo Alto, California, USA

³Center for Innovation to Implementation & National Center for PTSD, VA Palo Alto Health Care System/Stanford University, Menlo Park, California, USA

Previous research has explored potential barriers to utilizing military sexual trauma (MST)-related care for male and female veterans. One gender-related barrier is provider gender preference mismatch, or not being seen by a provider of one's gender preference. The goal of the current research was to further explore veterans' provider gender preferences and examine the impact of provider gender mismatch on perceived provider competence and self-reported comfort with various types of providers. Analyses were conducted with a national sample of veterans (n = 511) enrolled in VHA care who had screened positive for MST. Chi square analyses revealed that both men (n = 176) and women (n = 326) had significant VA provider gender preferences (p's < .01). In general, women had a strong preference for female providers whereas men had more nuanced preferences. Among men, provider preference mismatch was significantly related to lower perceived provider competence ratings, (p = .05) but not among women. Male veterans reported higher discomfort with mental health providers (p = .03) and women veterans reported more discomfort with both mental health providers (p = .01) and nurses (p = .07) when there was a provider gender preference mismatch. This preliminary data enhances our knowledge on the impact of provider preference mismatch on veterans' experience of disclosure and treatment of MST.

**FRI 213
Treatment of Posttraumatic Symptoms in Child and Adolescent Refugees: A Systematic Review**

(Abstract #1737)

Poster #FRI 213 (Clin Res, Cul Div, Refugee, Child/Adol) - Global

Rosner, Rita, Eberle-Sejari, Rima
Catholic University Eichstaett-Ingolstadt, Eichstaett, Germany

Background: Nearly 50% of all refugees are children below 18 years. Despite a high rate of posttraumatic

stress disorder (PTSD) in this group there is uncertainty as to which treatments are effective. The presentation summarizes studies on interventions aimed at reducing PTS- symptoms in young refugees and internally displaced persons. Method: An extensive literature search resulted in 798 hits, of which ten studies met our inclusion criteria. Studies were published between 2005 and 2012, included 707 young people aged between six and 17 years and were carried out in eight different countries. Results: Eight studies reported significant reductions of PTS-symptoms. "Narrative Exposure Therapy for Children", "Meditation-Relaxation", Eye Movement Desensitization and Reprocessing" and "Rapid-Ed-Therapy".

Conclusions: Due to the few available studies and their methodological shortcomings it is not possible to give a strong recommendation based on the literature. However, results of our review generate hope.

**FRI 214
Trauma-Focused Cognitive Behavioral Therapy for Unaccompanied Refugee Minors: A Case Series**
(Abstract #1738)

Poster #FRI 214 (Practice, Clin Res, Cul Div, Global, Refugee, Child/Adol) M - Industrialized

Rosner, Rita¹, **Unterhitzberger, Johanna**¹, Eberle-Sejari, Rima¹, Rassenhofer, Miriam², Sukale, Thorsten², Goldbeck, Lutz²

¹Catholic University Eichstaett-Ingolstadt, Eichstaett, Germany

²University Ulm, Ulm, Germany

Given the growing number of unaccompanied refugee minors (URM) fleeing to European countries, clinicians are increasingly confronted with this severely traumatized group. However, to our knowledge no study evaluated trauma-focused interventions for the treatment of URM with posttraumatic stress disorder (PTSD). As trauma-focused cognitive behavioral therapy (TF-CBT) is one of the most effective treatments for young people, we decided to test the feasibility of this intervention for URM.

A health care utilization sample (N = 6) of URM aged 16–18 years was assessed for PTSD symptom severity with the Posttraumatic Stress Diagnostic Scale and the Clinician-Administered PTSD Scale for Children and Adolescents and treated with manualized TF-CBT. Therapists were asked to report differences regarding treatment content or setting in comparison to TF-CBT for non-URM patients. PTSD severity was high at baseline. At posttest statistically and clinically significant change was observed in all cases, with an average decrease of symptom severity of 70%. Reports from therapists

show little need for change in the treatment manual: More time was spent on affective modulation and creating the trauma narrative while there were less caregiver sessions than usual. TF-CBT is a promising approach for URM suffering from PTSD. Controlled studies and follow-up are necessary to draw further conclusions.

FRI 215

Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD) in Children and Parents after Admission to a Pediatric Intensive Care Unit (PICU)

(Abstract #2071)

Poster #FRI 215 (Practice, Acc/Inj, Anx, Assess Dx, Clinical Practice, Lifespan) M - Industrialized

Nelson, Lara, Gold, Jeffrey, Jaramillo, Natalia, Barton, JohnDavid
Children's Hospital Los Angeles - University of Southern California, Los Angeles, California, USA

The pediatric intensive care unit (PICU) is a unique and frightening environment. Research in medical trauma, specifically regarding the PICU is limited, but has shown elevated rates of posttraumatic stress (PTS) in children and parents. This investigation is a prospective, longitudinal observational study of children and their parents during and after admission to a large, urban, academic PICU. It was hypothesized younger children will have more PTS during and following admission to the PICU than older patients and parents' PTS will be independent of child's. Results indicate both children and parents have high rates of PTS. All children (n=91) had acute stress symptoms during admission to the PICU, and at 1-month follow up 96% continue to have acute stress symptoms. Also, 63% continue to have PTS at 3-month follow up. Parents' rates were slightly lower with 40% having acute stress symptoms and 36% having PTS at 1- and 3-month follow-up, respectively. Child age was an inconsistent predictor of posttraumatic stress. Parents with a male child admitted to the PICU had higher rates of acute stress at 1-month ($X^2=6.55$, $p=.01$) and PTS at 3-month follow up ($X^2=5.12$, $p=.02$). Simple predictors, such as age and gender, are insufficient to understand the development of PTS in this population. Future studies will benefit from exploration of more sophisticated mediating variables.

FRI 216

Pharmacotherapy for Post-Traumatic Stress Disorder and Comorbid Major Depressive Disorder

(Abstract #25)

Poster #FRI 216 (Practice, Bio Med, Clin Res, Depr, Lifespan) M - Industrialized

Oe, Misari¹, Chiba, Hiromi², Masuda, Ryota¹, Uchimura, Naohisa¹

¹Department of Neuropsychiatry, Kurume University School of Medicine, Kurume, Fukuoka-ken, Japan

²Kurume University, Kurume, Fukuoka, Japan

Objective: Major depressive disorder (MDD) has been associated with stressful life events and with PTSD. The co-occurrence rate of MDD in PTSD is 51-82% (Hankin, Spiro, Miller, & Kazis, 1999; Shore, Vollmer, & Tatum, 1989). It has been also reported that the comorbidity was associated with greater symptom severity (Elhai 2011; Gros 2012; Post 2011; Shalev 1998) and lower levels of functioning (Shalev 1998). However, the characteristics of the pharmacotherapy for PTSD with MDD are unknown. Methods: We conducted a retrospective review using the medical charts at the Department of Neuropsychiatry, Kurume University Hospital. Fifty-five samples with PTSD were extracted. Five samples were excluded after the re-evaluation of PTSD diagnosis. Results: The higher rate of type II trauma was observed in PTSD with comorbid MDD group (50.0%) than PTSD only group (13.6%; $X^2(1, n=50) = 7.26$, $p < 0.01$). Patients with comorbid MDD were significantly older, had severer PTSD symptomatology and longer duration of treatment; and they received higher doses of psychotropic drugs regardless of its kind (antidepressants, antipsychotics, benzodiazepines) than PTSD only group. Conclusions: Our results showed comorbid MDD is associated with higher doses of psychotropic drugs, suggesting difficulties in treatment.

FRI 217

Integrating Research on Multilingual Trauma Memory in Psychotherapy: A Latina Family Case Study

(Abstract #470)

Poster #FRI 217 (Practice, CPA, CSA, Fam/Int, Intergen, Lifespan) M - Industrialized

Carlos, Natalie¹, Miller, Hannah²

¹Alliant International University, Los Angeles, California, USA

²Children's Hospital Los Angeles, Los Angeles, California, USA

This poster describes a case example of trauma-informed psychotherapy provided in a multilingual and multicultural format. A review of research on the role of language on memory, and specifically trauma memory is summarized. Language helps organize experiences, is associated with memory encoding and retrieval, and influences values and self-concept. Studies of bilingual memory demonstrate that bilingual individuals remember and communicate about traumatic experiences differently in different languages (Schwanberg, 2010; Tehrani & Vaughan, 2009), indicating the importance of considering language use when providing trauma treatment to multilingual individuals. A case study of a family involving a Latina monolingual Spanish-speaking mother with a history of being a victim and perpetrator of domestic violence and a 10-year old Latina girl who is bilingual Spanish- and English-speaking with a history of experiencing sexual abuse, physical abuse, and witnessing domestic violence will be described. Practical considerations used to assess the role of language in treatment, develop multilingual treatment materials, and structure joint sessions among clients and practitioners within the scope of trauma-informed services is discussed. The importance of consultation among multilingual providers and consideration of cultural transference/countertransference factors is incorporated.

BIOLOGICAL/MEDICAL

FRI 219

Traumatic Life Events and Physiological Arousal in Daily Life

(Abstract #303)

Poster #FRI 219 (Bio Med, Acute, Bio Med, Health, Adult) I - Industrialized

Han, Sohyun, Timmons, Adela, Perrone, Laura, Margolin, Gayla
University of Southern California, Los Angeles, California, USA

Traumatic life events have been associated with greater physiological arousal during resting states and in response to trauma-related cues in the lab. Yet no studies have investigated whether an association exists between traumatic events and physiological arousal in daily life, and whether there may be moments of heightened reactivity. The aim of this study was to examine the link between traumatic events and physiological arousal, as indexed by electrodermal activity (EDA), in daily life and particularly during times of stress. Thirty-six participants (50% male, ages 18-25) completed hourly phone surveys of stress and wore ambulatory monitors that continuously collected EDA during a 24-hour period. Participants completed a 36-item traumatic life events checklist prior to data collection. Females reported an average of 6 (SD = 3.4) traumatic events and males reported an average of 9 (SD = 5.9) events. Multi-level regression models showed that a greater history of traumatic events was significantly associated with lower levels of daily EDA among females ($b = -.43$, $p = .02$). However, during moments of daily stress, females showed heightened EDA ($b = .14$, $p = .001$). These associations were not significant among males. Findings have implications for understanding changes in daily physiological reactivity to stress and trauma, and may suggest gender-specific physiological mechanisms.

FRI 220

Victimization and Perpetration in Couples: Associations between Dating Violence and Electrodermal Activity in Daily Life

(Abstract #483)

Poster #FRI 220 (Bio Med, Affect/Int, Aggress, DV, Fam/Int, Adult) I - Industrialized

Perrone, Laura, Timmons, Adela, Han, Sohyun, Vitale, Laura, Margolin, Gayla
University of Southern California, Los Angeles, California, USA

Violent individuals tend to demonstrate lower baseline autonomic arousal but higher autonomic reactivity to stressful events (Patrick et al., 2008). Yet data are mixed for studies examining these phenomena in naturalistic environments. The present study examined associations between dating violence and physiological reactivity as measured through electrodermal activity (EDA) in couples' daily lives. We hypothesized that physical dating violence would be associated with lower baseline levels of physiological arousal but higher levels of physiological reactivity in moments of irritation towards one's partner. Eighteen couples (18 males, 18 females), ages 18 to 25, completed hourly surveys on mood and wore ambulatory biosensors that recorded EDA for 24 hours. Participants also completed a 66-item dating violence questionnaire (Bennett et al., 2011). Multilevel regression models showed that female victims of dating violence had lower overall levels of EDA throughout the day ($b = -0.23$, $p = .02$). Additionally, males with a greater history of violence perpetration showed heightened EDA during moments of irritation towards their partners ($b = 0.40$, $p < .01$). These findings provide evidence that violent individuals have altered patterns of physiological reactivity and that such reactivity is an important component in understanding dating partner violence in daily life.

FRI 223
Individuals at Risk for Affective Disorders
Exhibit Dysfunction in a Medial Prefrontal
Brain Network Involved in Anticipation of
Aversive Outcomes

(Abstract #707)

Poster #FRI 223 (Bio Med, Anx, Neuro, Adult) A - Industrialized

Kirlic, Namik¹, Alvarez, Ruben²

¹The University of Tulsa; Laureate Institute for Brain Research, Tulsa, Oklahoma, USA

²Laureate Institute for Brain Research; The University of Tulsa, Tulsa, Oklahoma, USA

The anticipation of aversive events is the hallmark of anxiety and is often accompanied by avoidance behavior. Orbitofrontal cortex (OFC) and anterior cingulate cortex (ACC) are hypothesized to play important roles in representing and responding to predicted outcomes associated with threat-relevant stimuli. Pathological anxiety has been linked to exaggerated activation in OFC and ACC, however it is unclear whether this dysfunction is a premorbid vulnerability or a symptom of pathology. To test the hypothesis that heightened activation in OFC and ACC may be a marker of susceptibility to disease, 18 psychiatrically-healthy individuals with high familial

risk for affective disorders (HR) and 18 low risk matched controls (LR) underwent neuroimaging while exploring virtual contexts associated with and without the threat of unpredictable shock. Compared to LR, the HR group exhibited increased OFC and ACC activation, and greater behavioral avoidance as indexed by diminished exploration of threat versus safe contexts. Neural activity in ACC mediated the relationship between OFC activation and avoidance behavior. These results support the view that OFC and ACC are part of a neural circuit involved in anticipation of aversive outcomes, and that when hyperactive may characterize susceptibility toward pathological anxiety.

FRI 224
Combat Veterans with Comorbid PTSD and
Mild TBI Exhibit a Greater Visual Processing
ERP from Bilateral Occipital Lobes while
Appraising Emotional Images
 (Abstract #332)

Poster #FRI 224 (Bio Med, Bio/Int, Mil/Vets, Neuro, Adult) M - Industrialized

Shu, I-Wei¹, Onton, Julie², Vilchis, Rodolfo¹, Simmons, Alan¹, Matthews, Scott¹

¹San Diego VA/University of San Diego, San Diego, California, USA

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

Mild traumatic brain injury (mTBI) is common among combat veterans returning from Iraq or Afghanistan. While mTBI is generally associated with decreased brain network activity, mTBI+ veterans with posttraumatic stress disorder (PTSD) often exhibit over-activation of areas involved in emotion regulation. To further explore this hypothesis, we recorded electroencephalography from 17 mTBI+ veterans with PTSD and 15 veterans with mTBI-only, as they appraised emotional images from the International Affective Pictures System. Compared to mTBI-only veterans, mTBI+PTSD veterans rated negative images more negatively ($2.9+0.94$, $3.7+0.71$, respectively; $p < 0.02$). Groups did not differ on ratings for positive images or on reaction time for either set of images. Compared to mTBI-only veterans, veterans with mTBI+PTSD exhibited larger visual processing event-related potentials, including greater N200 negativity ($p < 0.02$). Greater N200 negativity localized to bilateral occipital brain areas, and correlated with greater PTSD severity as measured by the Clinician Administered PTSD scale ($p < 0.04$) – especially the Avoidance/Numbing subscore ($p < 0.001$). These results support a model where, among mTBI+ veterans, greater activation of visual/occipital brain areas during emotion processing

is associated with more negative perceptions of emotional stimuli and greater PTSD symptoms.

FRI 226

Posttraumatic Stress Disorder is Associated with Chronic Kidney Disease

(Abstract #343)

Poster #FRI 226 (Bio Med, Clin Res, Health, Illness, Mil/Vets, Adult) M - N/A

Jame, Mary¹, Neylan, Thomas², Whooley, Mary², Shlipak, Michael², Peralta, Carmen², Cohen, Beth²

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

²San Francisco VA Medical Center and UCSF, San Francisco, California, USA

PTSD has been linked to many adverse health consequences, including a higher incidence of diabetes and coronary artery disease. However, little is known about its effect on kidney function. This study utilized data from the Mind Your Heart study, a prospective cohort of 737 outpatients from two VA medical centers. PTSD was assessed with the Clinician Administered PTSD Scale and kidney function was measured by serum creatinine. Estimated glomerular filtration rate (eGFR) was calculated using the MDRD study equation and stages of chronic kidney disease (CKD) were defined using current international guidelines. Linear (for eGFR) and ordinal logistic (for CKD stage) regression models were used to test the association of PTSD and kidney function adjusted for age, sex, race, hypertension, diabetes, coronary artery disease, body mass index, and depression. Patients with PTSD had lower mean eGFR (78.3 vs 84.5, $p < 0.001$), and this finding remained significant in the adjusted model (beta -5.1, 95% CI -8.6 - -1.6, $p = 0.004$). Patients with PTSD were also more likely to meet criteria for CKD, including mild (54% vs 49%) or moderate to severe (17% vs 11%) disease ($p = 0.008$). This association also remained significant in the adjusted model (OR 1.51, 95% CI 1.1 - 2.2, $p = .03$). In conclusion, PTSD appears to be associated with an increased risk of CKD independent of established risk factors.

FRI 227

Time Sequence of Attentional Bias among PTSD and non-PTSD Adult Earthquake Survivors

(Abstract #353)

Poster #FRI 227 (Bio Med, Clin Res, Nat/Dis, Adult) M - E Asia & Pac

Wang, Richu, Wang, Li, Zhang, Jianxin

Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, Beijing, China

Attentional bias toward trauma-related and threat stimuli is well-documented in the PTSD literatures, however the evidence is not conclusive. Thus two models are proposed: vigilance-avoidance model and attention-maintenance model. Study 1 used a series of dot-probe tasks with different presenting time of emotional stimuli, we studied the attentional bias at three time windows along the attention process. The results showed reaction was delayed after 500ms presentation of trauma-related negative pictures, as well as 1000ms presentation of trauma-related neutral pictures, which supported the interference hypothesis. Study 2 used eye-tracking experiments. The result indicated that PTSD showed early attentional bias towards threatening pictures, and later avoidance from threatening pictures. Both studies provided evidence to support vigilance-avoidance hypothesis.

FRI 228

An Event-Related Potential Study of Ambiguous Social Threat Processing in Veterans with Posttraumatic Stress Disorder

(Abstract #201)

Poster #FRI 228 (Bio Med, Cog/Int, Comm/Int, Bio/Int, Mil/Vets, Adult) I - Industrialized

Sippel, Lauren¹, Roy, Alicia², Southwick, Steven¹, Fichtenholtz, Harlan²

¹National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA

²VA Connecticut Healthcare System and Yale University, West Haven, Connecticut, USA

Few studies of the neural substrates of social information processing in posttraumatic stress disorder (PTSD) exist, particularly with respect to facial affect discrimination. Previous studies included prototypical emotion displays; morphed stimuli have stronger external validity and may be more sensitive to emotion appraisal biases. We examined event-related potentials (ERPs) to ambiguous threat faces in trauma-exposed combat veterans with ($n = 19$) and without PTSD ($n = 16$). We used a two-alternative forced-choice identification task (Graham et al., 2007) in which veterans identified 44% or 55% anger faces as "neutral" or "angry." Group differences in N1 mean amplitude (160-175ms) at temporal-parietal-occipital regions were examined using 2 (group: PTSD/control) x 2 (intensity: 44%/55% anger) x 2 (hemisphere: left/right) x 3 (electrode site: anterior/posterior) repeated-measures ANOVAs. Participants with PTSD exhibited larger N1s ($F(1, 33) = 5.03, p < .05$),

suggesting more effortful processing of ambiguous social threat cues. Coupled with findings that veterans with PTSD over endorse ambiguous faces as angry (Fichtenholtz, ISTSS 2014), results suggest that veterans with PTSD show compromised social information processing. Interventions that promote less biased and effortful social-emotional appraisal may be useful for veterans with PTSD.

FRI 229

**Child Maltreatment and Pregnancy Obesity:
A Comparison of Obese, Overweight and
Normal Weight Pregnant Women**

(Abstract #1158)

**Poster #FRI 229 (Bio Med, CSA, Health, Adult) A
- Industrialized**

Kersting, Anette¹, Nagl, Michaela¹, Steinig, Jana¹,
Klinitzke, Grit², Stepan, Holger¹

¹University of Leipzig, Leipzig, Saxonia, Germany

²University of Leipzig, Leipzig, Sachsen, Germany

General population studies suggest an association of child maltreatment and obesity. Pregnancy overweight and obesity is of particular relevance due to its association with poor health outcomes for both mother and child. In our study we aimed to examine the association between pregnancy overweight and obesity and a history of different stages of severity of child abuse and neglect.

326 normal-weight, overweight or obese pregnant women reported demographic data, height and weight, and completed the Childhood Trauma Questionnaire at 18-22 weeks of gestation. We conducted logistic regression analyses adjusted for sociodemographic covariates using a reference group of normal-weight women.

50% reported a history of abuse or neglect.

Pregnancy overweight (OR=8.3, 95%CI=1.5-47.0) and obesity (OR=6.3, 95%CI=1.1-37.6) were strongly associated with severe physical abuse. Women with severe physical neglect were at increased risk of pregnancy overweight (OR=4.3, 95%CI=1.2-14.7). We found a dose-response relationship between physical abuse and pregnancy overweight and obesity. Furthermore, this is the first study that found an association between child maltreatment and pregnancy overweight. Considering the severe health risks of pregnancy overweight and obesity and long-term consequences of child maltreatment, affected women constitute a subgroup with special needs in prenatal care.

FRI 230

**Posttraumatic Stress Disorder and Cancer
Risk: A Nationwide Cohort Study**

(Abstract #1392)

**Poster #FRI 230 (Bio Med, Health, Illness, Pub
Health, Adult) M - Industrialized**

Gradus, Jaimie¹, Körmendiné Farkas, Dóra²,
Svensson, Elisabeth², Ehrenstein, Vera², Adler,
Nancy³, Milstein, Arnold⁴

¹National Center for PTSD, Boston VA Medical Center
and Boston University School of Medicine, Boston,
Massachusetts, USA

²Aarhus University, Aarhus, Denmark

³UCSF Department of Psychiatry, San Francisco,
California, USA

⁴Stanford University, Stanford, California, USA

The association between stress and cancer has been studied for more than seven decades. Despite plausible biological mechanisms, findings from clinical research are conflicting. This nation-wide cohort study examined the association between PTSD and various cancer outcomes in residents of Denmark from 1995 – 2011. We compared cancer diagnoses including: 1) all malignant neoplasms; 2) hematologic malignancies; 3) immune-related cancers; 4) smoking- and alcohol-related cancers; 5) cancers at all other sites, among a cohort of people with PTSD diagnoses (n = 4,131) with the cancer rates in the general population in the same time period. Standardized incidence ratios (SIR) were calculated. Null associations were found between PTSD and nearly all cancer diagnoses examined, both overall and in stratified analyses (SIR for all cancers = 1.0, 95% confidence interval (CI) = 0.88, 1.2). Some evidence of an association was found for PTSD and non-melanoma skin cancer among men (SIR = 1.6, 95% CI = 1.0, 2.4). In addition, we found potential evidence of an association between PTSD and ovarian and fallopian tube cancers (SIR = 2.4, 95% CI = 0.96, 4.9). This study is the most comprehensive examination to date of PTSD as a predictor of many cancer types in an entire population.

FRI 231

**Post-Traumatic Stress Disorder (PTSD)
among a Cohort of Women in Coastal
Louisiana Affected by the Deepwater Horizon
Oil Spill (DHOS)**

(Abstract #1325)

**Poster #FRI 231 (Bio Med, Health, Pub Health,
Tech/Dis, Adult) M - Industrialized**

Peters, Edward¹, Rung, Ariane¹, Brashear, Meghan¹, Nugent, Nicole², Trapido, Edward¹
¹LSU Health Sciences Center, New Orleans, Louisiana, USA

²Brown Medical School, Providence, Rhode Island, USA

The Women and Their Children's Health (WaTCH) study examines health effects from the DHOS among a cohort of 2800 women in Louisiana. A telephone interview, begun in 2012, obtained data on physical/mental health and exposure to the oil spill. In 2014, a 2nd interview collected follow up information and assessed PTSD using the PTSD Checklist (PCL). Exposure to the DHOS was assessed measuring an individual's physical and economic experience of the spill. Generalized linear models were fit to estimate the association between DHOS exposure and PTSD severity using a negative binomial distribution. 519 women completed the follow up to date. Mean age is 57 years, 55% of the women are white, and 23% of the women reported high exposure to the oil spill. Mean PCL score was 15.5 (range: 0-79). After adjustment for race, employment, marital status, education, income and age, high DHOS exposure was significantly associated with PTSD severity ($p=0.0004$). In addition to the numerous traumatic events experienced by this population in their lifetime, the DHOS is associated with increased severity of PTSD symptoms. Although additional work is necessary to disentangle this single event from other natural disasters and traumatic events that have occurred in this population, this technologic disaster has had long-lasting negative effects on the psychological wellbeing of a vulnerable community.

FRI 232

COMT VAL158MET Modulates Hippocampal Volume in Posttraumatic Stress Disorder (Abstract #537)

Poster #FRI 232 (Bio Med, Mil/Vets, Genetic, Neuro, Adult) M - Industrialized

Reagan, Andrew¹, Hayes, Jasmeet², Logue, Mark³, Salat, David⁴, McGlinchey, Regina⁵, Miller, Mark⁶
¹Department of Veterans' Affairs National Center for Posttraumatic Stress Disorder, Boston, Massachusetts, USA

²VA Boston Health Care System/Boston University, Boston, Massachusetts, USA

³VA Boston Healthcare System & BUSM, Boston, Massachusetts, USA

⁴Harvard Medical School at the VA Boston Healthcare System, Boston, Massachusetts, USA

⁵Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts, USA

⁶National Center for PTSD, VA Boston Healthcare

System, Boston University School of Medicine, Jamaica Plain, Massachusetts, USA

PTSD is associated with reductions in hippocampal volume. At the same time, hippocampal volume is moderated by genotype COMT VAL158MET. This study examined whether the presence of the COMT low-performing allele (Val) confers risk for hippocampal volume loss in PTSD. 146 Caucasian Iraq and Afghanistan war veterans underwent structural MRI on a 3T scanner. Hippocampal volumes were adjusted for individual differences in head size. The Clinician Administered PTSD Scale (CAPS) was administered to measure current PTSD symptom severity. Statistical analysis included linear models using robust standard errors to model the VAL158MET by PTSD interaction on adjusted hippocampal volume co-varying for age. Results showed a significant overall model for left hippocampus ($p < 0.04$) with a significant PTSD by VAL158MET interaction ($p < 0.05$). Individuals with greater PTSD symptom severity and who were homozygous for the Val allele showed reductions in adjusted left hippocampal volume ($p < 0.02$), but not Met carriers. For every three points increase in CAPS score, there was a predicted 5 mm³ reduction in left hippocampal volume for VAL/VAL carriers, approximately the same as the estimated reduction due to one year of aging. These findings suggest that individual genetic differences influence the neural structure of the hippocampus following traumatic stress.

FRI 233

Autonomic Nervous System Activity during REM and Non-REM Sleep in Posttraumatic Stress Disorder and Resilience

(Abstract #277)

Poster #FRI 233 (Bio Med, Sleep, Adult) M - Industrialized

Kobayashi, Ihori¹, Wilson, Bryonna¹, Lavela, Joseph¹, Bell, Kimberly², Mellman, Thomas¹

¹Howard University College of Medicine, Washington, District of Columbia, USA

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

Posttraumatic stress disorder (PTSD) has been associated with sleep disturbances, including reduced sleep depth, fragmentation and activation of rapid-eye-movement (REM) sleep, and elevated nocturnal autonomic nervous system (ANS) arousal. The objective of this study was to determine relationships between ANS activity and sleep stages in PTSD and resilience. Participants (age 18-35) with current PTSD ($n=38$) and high-impact trauma exposure without PTSD (Resilient, $n=33$) completed two overnight

polysomnography recordings in a lab setting. The second night electrocardiogram was analyzed for heart rate variability (HRV) within REM and non-REM (NREM) sleep periods. Hierarchical linear modeling showed that the normalized high frequency (nHF, an index of parasympathetic tone) of HRV was not different between the groups and was higher during NREM than REM sleep ($\gamma_{01}=-12.50$, $p<.001$). There was a significant PTSD x sleep stage interaction indicating a greater REM-NREM difference in nHF with PTSD than resilience ($\gamma_{11}=-2.23$, $p=.035$). This effect was diminished when REM sleep percentage, which was lower with PTSD, was entered in the model. Unlike our previous ambulatory study, increased nocturnal ANS arousal with PTSD was not found in the lab; however, the difference in nHF between REM and NREM sleep was greater with PTSD, which appears influenced by reduced REM sleep.

FRI 234

Sleep Disturbances in Combat-Exposed Veterans: Associations with PTSD, Personality, and Coping

(Abstract #1254)

Poster #FRI 234 (Bio Med, Sleep, Mil/Vets, Adult) I - Industrialized

Lind, Mackenzie¹, Brown, Emily², Farrell-Carnahan, Leah³, Brown, Ruth¹, McDonald, Scott³, Amstadter, Ananda¹

¹Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

²Virginia Commonwealth University, Richmond, Virginia, USA

³Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA

We conducted a preliminary study aimed at exploring correlates of sleep disturbance in combat-exposed OEF/OIF veterans (N=150; mean [SD] age = 29.3 [4.3] years). Veterans were assigned to three different groups based on responses to the Clinician Administered PTSD Scale: control (no trauma-exposure [TE] or PTSD), TE, and PTSD. Sleep disturbance was assessed using the self-report Pittsburgh Sleep Quality Index (PSQI). Resilience, trauma load, personality, and coping were also assessed via self-report. Preliminary results: The PTSD group had significantly more disturbed sleep (M=9.4, SD=3.1) than the control group (M=5.3, SD=3.1) and the TE group (M=6.2, SD=3.3). Sleep disturbance did not differ significantly between the TE group and the control group. Results were similar across most PSQI subscales. Results of four sets of univariate regressions (controlling for group status) indicated that both neuroticism ($\beta=0.239$, $p=0.025$) and denial as a coping mechanism ($\beta=0.198$, $p=0.013$) were significant predictors of more sleep disturbance individually. When combined, denial

retained a significant effect ($\beta=0.228$, $p=0.003$) on sleep, above and beyond that of neuroticism. These initial findings suggest that TE itself may not be an independent risk factor for disturbed sleep post-deployment, and that personality and coping style may partially explain development of sleep disturbance.

FRI 235

FKBP5 and Child Maltreatment Interact to Predict Internalizing, Externalizing, and Neuroendocrine Reactivity to a Social Stress Task

(Abstract #1488)

Poster #FRI 235 (Bio Med, Aggress, CPA, CSA, Genetic, Child/Adol) - Industrialized

Walsh, Kate¹, Sumner, Jennifer², Sheridan, Margaret³, McLaughlin, Katie⁴

¹Columbia University, New York, New York, USA

²Columbia University, Mailman School of Public Health, New York, New York, USA

³Harvard Medical School/Children's Hospital Boston, Boston, Massachusetts, USA

⁴University of Washington, Seattle, Washington, USA

The FKBP5 gene most commonly has been shown to interact with child maltreatment (CM) to predict internalizing psychopathology and neuroendocrine dysregulation; however, at least one adult study has found an interaction between FKBP5 and CM on externalizing psychopathology (Bevilacqua et al., 2012), which may reflect FKBP5's role in regulating both glucocorticoid and androgen steroid receptors. The current study examined associations between CM, FKBP5 polymorphisms, internalizing and externalizing symptoms, and neuroendocrine reactivity to the Trier Social Stress Test (TSST) in a sample of adolescents (N=168) who completed measures of CM and psychopathology and provided saliva samples for FKBP5 genotyping and cortisol assays from the TSST. Consistent with prior work, CM was associated with internalizing and externalizing symptoms and attenuated cortisol during the TSST. Maltreated boys who were rare allele carriers on four FKBP5 SNPs evidenced higher internalizing and externalizing symptoms and blunted cortisol reactivity during the TSST. The male-specific interaction for FKBP5 in adolescents is consistent with theoretical models suggesting that FKBP5 is both a negative regulator of the glucocorticoid receptor, as evidenced by blunted cortisol and heightened internalizing and a positive regulator of the androgen receptor, as evidenced by heightened externalizing.

FRI 236**Childhood Trauma Alters Corticolimbic Connectivity in Cocaine-Dependent Subjects**
(Abstract #1489)**Poster #FRI 236 (Bio Med, Bio Med, Chronic, Adult) - N/A****Moran-Santa Maria, Megan**¹, Hartwell, Karen², Brady, Kathleen²¹Medical University of South Carolina, Charleston, South Carolina, USA²Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

Childhood trauma (CT) increases the risk for substance use disorders (SUDs). Cocaine-dependent (CD) individuals with CT report elevated stress, findings that are alarming as stress can trigger relapse. Some individuals with a history of CT remain free of major psychopathology, thus there is significant variability in risk and resilience to negative sequelae of CT. Data from neuroimaging studies suggest that prefrontal cortical inhibition of amygdala activity controls emotional responses to psychosocial stimuli. Corticolimbic functional connectivity was measured during the Montreal Imaging Stress Task (MIST) using a psychophysiological (PPI) approach in healthy controls with CT (HC/CT), HC without CT (HC/NCT), CD subjects with CT (CD/CT) and CD without CT (HC/NCT). The left amygdala exhibited significantly greater functional connectivity with the orbitofrontal and anterior cingulate cortices during the stress condition as compared with the control condition in the HC groups. A significant positive task x seed interaction was observed in the primary motor cortex and fusiform/hippocampal gyri in the CD/CT group. The CD/CT group reported significantly greater stress in response to the MIST than the CD/NCT group. These data suggest that childhood trauma may differentially impact connectivity between brain regions responsible for regulating emotion in cocaine-dependent individuals.

FRI 237**Genetic and Environmental Predictors of Adolescent Binge Drinking following a Natural Disaster**
(Abstract #1490)**Poster #FRI 237 (Prevent, Nat/Dis, Prevent, Sub/Abuse, Genetic, Child/Adol) - N/A****Bountress, Kaitlin**¹, Danielson, Carla¹, Williamson, Vernel², Vladimirov, Vladimiri², Ruggiero, Kenneth¹, Amstadter, Ananda³¹Medical University of South Carolina, Charleston,

South Carolina, USA

²Virginia Commonwealth University, Richmond, Virginia, USA³Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

Research on drinking patterns among adolescents exposed to disasters has yielded a 'mixed picture' with regard to the relative strengths of genetic and environmental predictors. Improved identification of the basic biological and psychological factors for alcohol use problems in teens help inform future directions in research. In the context of a larger NIMH-funded study of response to an early intervention for mental health problems in the aftermath of the Spring, 2011 tornados, the current study utilized 533 disaster-exposed youth (14-18) and their parents to examine the relative contributions of PTSD and Depression symptoms, parental support, and adolescent genetic risk for alcohol-related phenotypes in predicting binge drinking behaviors. Controlling for age, gender, ancestry informative markers, and family history of alcohol problems, more symptoms of depression conferred risk for higher frequency of binge drinking ($b=.591$, $p<.05$). Additionally, genetic risk for alcohol problems moderated the effect of PTSD symptoms on binge drinking frequency, such that the effect of PTSD symptoms was stronger at higher levels of genetic risk ($b=.391$, $p<.05$). These findings suggest that following exposure to a natural disaster, adolescents experiencing more depressive and trauma-related symptoms are at particularly high risk for problematic binge drinking.

FRI 238**Does Intellectual Ability Moderate the Association between Childhood Physical Abuse and Earlier Initiation of Substance Use?**

(Abstract #1111)

Poster #FRI 238 (Bio Med, CPA, Chronic, Dev/Int, Sub/Abuse, Child/Adol) M - N/A**Nikulina, Valentina**, Nomura, Yoko

Queens College, City University of New York, Queens, New York, USA

Early initiation of substance use is associated with a range of negative outcomes across the lifespan (Hyman et al, 2006). Researchers have hypothesized that childhood abuse predicts earlier onset of substance use (Horan & Widom, 2015) and the current study builds on this work by considering whether higher intelligence is a protective factor (Jaffee et al, 2007) in the relation between childhood physical abuse (CPA) and earlier initiation of substance use. Data are drawn from the Pathways to

Adulthood Study (N = 1619), a randomly selected birth cohort which is 80% Black; 20% White; 50% female and originates from a low-SES neighborhood in Baltimore, MD. Intelligence was assessed at age 7 years with the Verbal IQ, Performance IQ and Full Scale IQ of the Wechsler Intelligence Scale for Children, Short Form (Wechsler, 1949). CPA severity (Conflict Tactics Scale; Straus et al, 1998), age of onset of cigarette, alcohol and harder drug (heroin and cocaine) use was assessed at 30 years. Analyses were run with OLS regressions, controlling for demographics and poverty. Results showed that the association between CPA severity and earlier age of onset of tobacco and alcohol use (but not hard drugs) was stronger for individuals with lower Performance IQ, but not Verbal or Full Scale IQ. Fluid reasoning skills may protect against earlier onset of substance use in response to physical abuse.

FRI 239
Effects of Positive and Negative Parenting Behaviors on Brain Development from Early to Late Adolescence: A Longitudinal Structural Brain Imaging Study
 (Abstract #125)

Poster #FRI 239 (Bio Med, CPA, Dev/Int, Fam/Int, Bio/Int, Child/Adol) M - Industrialized

Whittle, Sarah¹, Vijayakumar, Nandita¹, Dennison, Meg¹, Schwartz, Orli¹, Sheeber, Lisa², Allen, Nicholas³

¹University of Melbourne, Melbourne, Victoria, Australia

²Oregon Research Institute, Eugene, Oregon, USA

³University of Oregon, Eugene, Oregon, USA

Evidence is accumulating that adverse childhood environments, particularly childhood abuse and neglect, affect brain structure in adolescents and adulthood. The aim of this study was to investigate the association between aggressive and positive parenting behaviors, assessed during early adolescence, on brain development from early to late adolescence. 369 magnetic resonance imaging (MRI) scans were obtained over three time points from 168 adolescents (11-20 years). At the first time point, adolescents and their mothers also completed positive and conflictual interaction tasks, from which observed measures of frequency of maternal aggressive and positive behaviors were obtained, respectively. Results indicated that a higher frequency of maternal aggressive behavior observed during early adolescence was associated with alterations in the development of right superior frontal and lateral parietal cortical thickness in males, and of nucleus accumbens volume in males and females. Maternal positive behavior predicted development of the left pallidum in males and females. There is some

consistency between these findings and brain regions already known to be associated with childhood maltreatment. We suggest that the results support an association between negative parenting (high levels of aggression and low levels of positivity) and immature brain development.

FRI 240
Peritraumatic Tonic Immobility in a Large Representative Sample of the General Population: Association with Posttraumatic Stress Disorder and Female Gender
 (Abstract #400)

Poster #FRI 240 (Bio Med, Acute, Assess Dx, Clinical Practice, Res Meth, Lifespan) I - Latin Amer & Carib

KALAF, Juliana¹, Coutinho, Evandro², Figueira, Ivan³, Volchan, Eliane³, Vilete, Liliane⁴

¹Institute of Psychiatry of Federal University of Rio de Janeiro (IPUB/UFRJ), Brazil, Rio de Janeiro, Brazil

²Escola Nacional de Saude Publica (ENSP-FIOCRUZ), Rio de Janeiro, Brazil

³Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

⁴Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Background: Tonic immobility (TI) is an involuntary response to inescapable threat. It has been reported in convenience samples of female victims of sexual assault and in mixed-gender victims of different types of trauma. This study evaluated peritraumatic TI in a representative general population sample and its association with posttraumatic stress disorder (PTSD) and gender. Methods: 3,231 victims of traumatic events aged 15-75 years responded to the Tonic Immobility Scale (TIS). PTSD and trauma were assessed using the Composite International Diagnostic Interview (CIDI 2.1). We calculated the means and the standard deviations of TIS scores stratified by PTSD and gender. The association between TI scores and gender was explored controlling for potential confounders through a regression model. Results: TI scores were more than double in PTSD cases and were almost four points higher in women. Gender differences remained statistically significant even after adjustment for confounding variables. Limitations: The cross-sectional and retrospective design may have given rise to recall bias. Conclusions: We have expanded the scope of previous investigations on peritraumatic TI, showing its occurrence in a large representative sample of the general population. Furthermore, we confirmed in an unbiased sample the association between peritraumatic tonic immobility and PTSD and women.

FRI 241**Latent Classes of PTSD Symptoms, Neural Activity and Neurocognitive Responses in Danish Treatment-Seeking Veterans**

(Abstract #1507)

Poster #FRI 241 (Bio Med, Clin Res, Cog/Int, Mil/Vets, Neuro, Other) A - Industrialized**Eskelund, Kasper¹, Karstoft, Karen-Inge¹, Frost, Michael², Andersen, Søren¹**¹Research and Knowledge Center, The Danish Veteran Center, Ringsted, Denmark²Royal Danish Defence College, Copenhagen, Denmark

Soldiers seeking treatment after war zone deployment present with a variety of symptom constellations. This heterogeneity in stress responses is not reflected in the categorical PTSD diagnosis. However, recent studies have found that patients cluster in prototypical symptom profiles. Here, we attempt at advancing our knowledge of these profiles by combining electrophysiological recordings, neurocognitive tests and symptom scales through data-driven statistical methods. Formerly deployed soldiers presenting in the Military Psychology Clinic within the Danish Defence were recruited (N=32 completed, expected N=100). To target traumatic stress responses of anhedonia, hypervigilance and hyperarousal, we applied neurocognitive tests of reward sensitivity, emotional processing and behavioral inhibition while jointly recording electrophysiological and neurocognitive responses. Further, we recorded EEG at rest. Self-reported PTSD symptoms were assessed with the PCL-C. Preemptively, we observe three different symptom profiles: primarily anhedonic (53.5%), re-experiencing and hyperaroused (10%) and mildly elevated general symptoms (36.5%) and correlate these profiles with specific neural and behavioral response patterns. With sLORETA-driven source localization, we derive brain regions with altered activity related to symptoms, to guide future LORETA-guided neurofeedback treatment.

FRI 242**DHEA and Cortisol in Army National Guard Special Forces: The Impact of Chronic or Traumatic Stress on Resilience**

(Abstract #101)

Poster #FRI 242 (Bio Med, Bio Med, Chronic, Bio/Int, Mil/Vets, Other) M - Industrialized**Rensberger, Jared¹, Nolt, Anne², Buckwalter, Galen²**¹Fuller Graduate School of Psychology, Pasadena,

California, USA

²Headington Institute, Pasadena, California, USA

Studies indicate that when persons have had too much stress in their lives, cortisol, a stress hormone released by the hypothalamic pituitary adrenal (HPA) axis, can have deleterious effects on the brain, thus impacting some facets of one's capacity for resilience as well as one's physical health. Prior to deployment, 28 members of the Army National Guard Special Forces completed the Headington Institute Resilience Inventory (HIRI) and provided saliva and blood samples in order to ascertain levels of cortisol and dehydroepiandrosterone (DHEA), which is thought to counteract the negative effects of cortisol. In order to correct for the effects of adrenopause on DHEA, the ratio of DHEA to cortisol was examined in relation to their reported levels of adaptive engagement in life, life satisfaction, spirituality, and sense of purpose, as measured by the HIRI. A significant correlation between levels of spirituality and the ratio of DHEA to cortisol was found ($p < .01$), whereas other facets of resilience did not. These findings support understandings of resilience as a multifaceted construct. They also suggest that spirituality may be strengthened through trauma or chronic stress, or that one's spirituality can counter the effects of stress, thus promoting resilience.

FRI 243**PTSD Symptom Clusters and Dyslipidemia: A Strong Dose-Response Relation with Hyperarousal Symptoms**

(Abstract #399)

Poster #FRI 243 (Bio Med, Bio Med, Chronic, Health, Illness, Other) M - Latin Amer & Carib**Maia, Deborah¹, Mendonça, Eliane², Figueira, Ivan³, Coutinho, Evandro⁴, Mendlowicz, Mauro⁵**¹Federal University of Rio de Janeiro, Rio de Janeiro, Brazil²Instituto de Psiquiatria, Universidade Federal do Rio de Janeiro (IPUB/UFRJ), Rio de Janeiro, Brazil³Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil⁴Escola Nacional de Saude Publica (ENSP-FIOCRUZ), Rio de Janeiro, Brazil⁵Universidade Federal Fluminense, Niteroi, Rio de Janeiro, Brazil

Background: PTSD is a well-established risk factor for several negative physical health outcomes, especially cardiovascular disease. It has been suggested that lipid dysregulation is one of the factors that mediates the relationship between PTSD and cardiovascular disease. The objective of this study is to investigate the relationship between serum lipid parameters and PTSD symptom clusters in a sample of police officers

with and without PTSD. Methods: This cross-sectional survey was conducted with 118 male police officers on active duty. Serum concentrations for total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), and triglycerides (TGs) were enzymatically determined. Spearman correlation coefficients were estimated for lipid parameters and the following PTSD symptom clusters; re-experiencing, avoidance and hyperarousal. Results: A significant and strong positive correlation was observed between TC and LDL-C with hyperarousal symptom cluster in the PTSD group: 0.89 ($p < .01$) and 0.92 ($p < .01$), respectively. Limitations: We used a self-report instrument as a diagnostic tool for PTSD and the small sample size. Conclusions: The strong positive correlation between the levels of TC and LDL-C with hyperarousal may help to establish more appropriate medical monitoring of PTSD patients at high risk of cardiovascular disease.

CLINICAL/INTERVENTION RESEARCH

FRI 244

The Role of Childhood Polyvictimization in Onset of Illicit Drug Use and Current Posttraumatic Stress Symptoms

(Abstract #1816)

Poster #FRI 244 (Clin Res, CPA, Chronic, Health, Sub/Abuse, Adult) M - Industrialized

Lance, Kathryn¹, Kim, Yerim¹, Miller-Graff, Laura¹, Howell, Kathryn²

¹University of Notre Dame, Notre Dame, Indiana, USA

²University of Memphis, Memphis, Tennessee, USA

Substance abuse often co-occurs with posttraumatic stress disorder (PTSD). Although frequently addressed separately, the details underlying this comorbid relationship require further research. Using a sample of 395 students across two college campuses, this study examined the relationship between substance use (illicit and legal), violence exposure in childhood, and PTSD symptoms using DSM5 nosology. Results indicated that onset of illicit drug use was a partial mediator between violence exposure in childhood and current PTSD symptoms. Specifically, higher levels of polyvictimization in childhood predicted earlier age of onset for illicit drug use ($\beta = -.07$, $p < .001$); onset of illicit drug use was predicted by higher levels of current PTSD symptoms ($\beta = -.10$, $p < .001$). Mean differences testing revealed that students regularly using illicit drugs reported higher levels of PTSD symptoms compared to students who were using legal drugs ($p = .027$). The results of this study highlight two important implications for intervention: (1) individuals who experience childhood polyvictimization may need early intervention around substance use to improve positive developmental outcomes and (2) individuals who use illicit drug have particularly high levels of PTSD that may require more intensive psychological services during the college years.

FRI 245

The Relationship between Interpersonal Trauma and Eating Pathology: Contributing Factors of PTSD Symptomology, Impulsivity, and Locus of Control

(Abstract #178)

Poster #FRI 245 (Clin Res, Chronic, Complex, Health, Adult) M - Industrialized

Turkel, Melissa, Bruce, Steven

University of Missouri St. Louis, St. Louis, Missouri,

USA

Though they are highly comorbid, there still remain numerous questions regarding the relationship between trauma and eating disorders. The current study aimed to investigate the relationship between trauma history (interpersonal vs. non-interpersonal), PTSD symptoms, impulsivity, locus of control, and pathological eating behavior in a sample of 707 trauma-exposed adult females. Preliminary analyses show that participants who experienced an interpersonal trauma had significantly higher PTSD symptoms ($p < .001$), as well as significantly higher symptoms within each PTSD cluster (reexperiencing, avoidance, hyperarousal) compared with those who experienced a non-interpersonal trauma. Moreover, individuals who experienced an interpersonal trauma also reported significantly higher scores on the Eating Attitudes Test (EAT) ($p = .001$) and the Eating Disorder Examination Questionnaire (EDE) ($p = .003$). Impulsivity was found to be significantly correlated with PTSD symptoms ($R = .37$), EAT scores ($R = .178$), and EDE scores ($R = .166$). Higher External Locus of Control was also significantly correlated with PTSD scores ($R = -.155$) and Eating Restraint ($R = .103$). These findings illustrate the significant impact of interpersonal trauma on psychopathology through mediating variables. Additional analyses, including a path analysis will be presented and clinical implications will be discussed.

FRI 246**Effects of Prolonged Exposure and Sertraline on Social Functioning**

(Abstract #1885)

Poster #FRI 246 (Clin Res, Clin Res, Fam/Int, QoL, Adult) - Industrialized

Graham, Belinda¹, Garcia, Natalia¹, Feeny, Norah², Zoellner, Lori¹

¹University of Washington, Seattle, Washington, USA

²Case Western Reserve University, Cleveland, Ohio, USA

PTSD is associated with poor functioning in a range of psychosocial domains including social relationships (e.g., Kessler, 2000) that represent important markers of treatment success beyond symptom reduction. Social functioning may improve with PTSD in trauma-focused therapy (e.g., Wachen, Jimenez, Smith, & Resick, 2014) and while sertraline improves PTSD symptoms and quality of life metrics (Cochrane, 2009) specific effects on social functioning are not well understood. Two hundred men and women with chronic PTSD received prolonged exposure (PE) or sertraline over ten weeks of acute treatment with follow-up to 24 months. We used mixed model analyses to explore changes in social functioning over

acute treatment and follow up. We found improvements in satisfaction with social support ($p = .057$) and social and leisure adjustment ($p < .001$) that were maintained over follow-up. Global social adjustment also improved over treatment ($p < .001$) with continuing gains over the follow-up period. We will explore differences between treatments and examine baseline social functioning and PTSD severity as moderators. Preliminary analyses from this trial contribute to the expanding literature indicating durable gains for social functioning through PTSD treatment.

FRI 247**Reduced Empathic Skills in Relation to Early Childhood Adversities**

(Abstract #1194)

Poster #FRI 247 (Clin Res, CPA, Cog/Int, Intergen, Adult) I - Industrialized

Tollenaar, Marieke¹, Paesen, Leo², Ingensiep, Clara¹, Chiu, Chui-De³, Conijn, Judith¹, Dziobek, Isabel⁴

¹Leiden University, Leiden, Netherlands

²University of Leuven, Leuven, Belgium

³Chinese University of Hong Kong, North Territory, Hong Kong SAR, China

⁴Free University of Berlin, Berlin, Germany

Early life stress can have long-lasting emotional and behavioral consequences. Maltreated children are found to show reduced social awareness and empathy with regard to other children, but little research has been done on whether adult empathic skills are still affected after early childhood adversities. In the current study we examined whether childhood abuse or non-optimal parenting styles are related to reduced empathic skills in healthy adults. Via two online studies ($N = 226$ and 206), we examined the relations between childhood abuse and parenting styles, as reported in the Childhood Trauma Questionnaire (CTQ) and the Parental Bonding Instrument (PBI), and performance on the Multifaceted Empathy Test (MET). Both cognitive and affective empathy were measured via respectively accuracy scores and arousal ratings on the MET. Moderate to severe childhood abuse was related to lowered cognitive empathy scores, while neglectful parenting styles were related to lower affective empathy scores. We conclude that early childhood adversities are related to lower empathic skills in healthy adults. As reduced empathic skills are a risk factor for abusive behavior, these findings should be further studied in the context of the intergenerational transmission of abuse.

FRI 248**The Role of Emotional Inhibition in the Intergenerational Transmission of Abuse**
(Abstract #592)**Poster #FRI 248 (Clin Res, CPA, Cog/Int, Bio/Int, Intergen, Lifespan) - Industrialized****Tollenaar, Marieke**¹, van den Berg, Lisa², Compier-de Block, Laura¹, Pittner, Katharina¹, Van IJzendoorn, Marinus³, Bakermans-Kranenburg, Marian³, Alink, Lenneke³, Elzinga, Bernet¹¹Leiden University, Leiden, Netherlands²University of Leiden, Faculty of Social and Behavioural Sciences; Psychology., Leiden, Zuid-Holland, Netherlands³University of Leiden, Leiden, Zuid-Holland, Netherlands

Childhood abuse can have long-lasting emotional and cognitive consequences that may be transmitted from one generation to the other. Recently we found that childhood abuse is related to a lowered inhibition of distracting information in the context of a working memory task. Furthermore, we know that about 30% of people who have been abused are likely to abuse their own children as well. Whether enhanced distractibility to emotional cues is associated with the intergenerational transmission of abuse is unknown. Understanding the underlying factors that play a role in the intergenerational transmission of abuse is an important area of research, as it may provide clues for intervention strategies to prevent future childhood abuse. In this study we look into the potential role of impaired emotional inhibition in the intergenerational transmission of abuse within the context of a family study design. So far, 42 families have been included in this family study and we are still including new participants. We will present the first data on an emotional working memory task in adults and children who did or did not experience abuse, and in adults who transmitted abuse or not.

FRI 249**Superior Cognitive Disengagement and Pathological Dissociation in Acute Psychiatric Inpatients**
(Abstract #591)**Poster #FRI 249 (Bio Med, Assess Dx, Cog/Int, Bio/Int, Adult) - N/A****Chiu, Chui-De**

Chinese University of Hong Kong, North Territory, Hong Kong SAR, China

Atypical cognitive control including enhanced disengagement (updating and switching) and

weakened inhibition has been documented in nonclinical individuals with dissociation proneness. Besides, clinical studies reported effective updating and weakened inhibition in dissociative identity disorder. However, no study has examined switching function and pathological dissociation. It is also unclear whether the findings from DID, an extreme manifestation of dissociation, can be extrapolated to dissociative patients comorbid with other mental disorders. A clinical sample of unspecified psychiatric patients at an acute stage was recruited. Behavioral measures on switching, updating, inhibition, and intellectual function and self-report scales on pathological dissociation, general psychopathology, and traumatic experience were administered. The results showed significant correlations between pathological dissociation and cognitive disengagement. Although high pathological dissociation was associated with severe general psychopathology and traumatic experience, behaviorally it was linked to effective updating and swift switching. The links remained significant when intellectual quotient was controlled. Enhanced cognitive disengagement appears to be a feature of pathological dissociation, and possibly an endophenotype of dissociation.

FRI 250**The Evaluation of an Emotional Working Memory Training in Patients with Borderline Personality Disorder**

(Abstract #593)

Poster #FRI 250 (Clin Res, CSA, Chronic, Cog/Int, Complex, Adult) - Industrialized**Krause-Utz, Annegret**¹, Walther, Julia-Caroline², Schweizer, Susanne³, Lis, Stefanie², Schmahl, Christian², Bohus, Martin²¹Leiden University, Mannheim, Baden Württemberg, Germany²Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Baden-Württemberg, Germany³Cambridge, Cambridge, United Kingdom

Emotion dysregulation is a core feature of Borderline Personality Disorder (BPD). Previous studies found impaired suppression of emotional (trauma-related) distractors during a working memory task in patients with BPD. In healthy participants, an emotional working memory training developed by Schweizer, Hampshire, and Dalgleish (2011) showed a beneficial effect on emotion regulation. The objective of the present study was to evaluate the effectiveness of this training in BPD. In a randomized control trial, 60 BPD patients with a history of abuse/neglect were randomly assigned to one of two training conditions. The experimental group (N=30) performed the

emotional working memory training (dual-n-back-task with emotional distractors), the control group (N=30) performed a placebo training (feature match task) on 26 days. Before and after the training, participants performed an adapted Sternberg working memory paradigm and a cognitive reappraisal (emotion regulation) task. Behavioral measures (reaction times, accuracy), self-reports (arousal ratings after the reappraisal task, difficulties in emotion regulation, dissociation), psychophysiological variables (skin conductance, heart rate), and commitment/acceptance of the training were evaluated. This unpublished recent data will be discussed in the context of previous research in BPD and regarding possible clinical implications.

FRI 251

Dissociation in Borderline Personality Disorder: Cognitive Control over Emotional Stimuli and its Neural Correlates

(Abstract #594)

Poster #FRI 251 (Clin Res, Affect/Int, Complex, Bio/Int, Neuro, Adult) - Industrialized

Winter, Dorina¹, Krause-Utz, Annegret², Lis, Stefanie¹, Bohus, Martin¹, Schmah, Christian¹
¹Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Baden-Württemberg, Germany

²Leiden University, Mannheim, Baden Württemberg, Germany

Background. Dissociation as one trauma-related consequence in Borderline Personality Disorder (BPD) may influence patients' cognitive control over emotional distractors. The present study thus aimed at examining the behavioral and neurobiological effects of state dissociation on emotional Stroop task performance in individuals with BPD. **Methods.** 40 BPD patients and 20 healthy control participants completed an emotional Stroop task with negative, neutral and positive words during functional magnetic resonance imaging. Dissociation was induced in half of the BPD patients using script-driven imagery. **Results.** BPD patients without dissociation induction showed comparable behavioral performance to healthy participants. They displayed stronger neural responses to positive compared to neutral words in the superior temporal gyrus, medial prefrontal gyrus and anterior cingulate cortex particularly. BPD patients after dissociation induction showed, compared to patients without dissociation induction, prolonged reaction times to negative vs. neutral words. This was associated with elevated activity in the left inferior frontal gyrus. **Conclusions.** In BPD, induced state dissociation was associated with inefficient cognitive control over negative stimuli in the

emotional Stroop task. Implications for dissociation as treatment target in BPD will be discussed

FRI 252

Binge Drinking, Posttraumatic Stress Disorder, Use of Health Care Services and Receipt of Risk Reduction Counseling among U.S. Veterans with Military Service in Iraq or Afghanistan

(Abstract #1952)

Poster #FRI 252 (Clin Res, Health, Sub/Abuse, Mil/Vets, Adult) - Industrialized

Calhoun, Patrick¹, Kimbrel, Nathan², Dennis, Paul³, McDonald, Scott⁴, Beckham, Jean⁵, Dedert, Eric⁶, Kudler, Harold⁷, Straits-Troster, Kristy⁸, Wagner, D. Ryan⁹

¹Durham VAMC, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina, USA

²Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA

³Veterans Affairs Medical Center, Durham, North Carolina, USA

⁴Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA

⁵Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina, USA

⁶Durham VA Medical Center, Durham, North Carolina, USA

⁷Department of Veterans Affairs, VISN 6 MIRECC & Duke University, Durham, North Carolina, USA

⁸Department of Veterans Affairs Medical Center, Durham, North Carolina, USA

⁹Duke University Medical Center/Durham VAMC, Durham, North Carolina, USA

The objective of this study is to examine associations of combat exposure, PTSD symptoms, binge drinking, use of VA healthcare services, and the incidence of alcohol risk reduction. Veterans (N = 1133) completed a survey of demographics, military history, combat exposure, PTSD symptoms, and alcohol use. Patient report of alcohol counseling by a provider in the past year was queried for regular binge drinkers. Overall, 50% of the sample reported at least one episode of binge drinking in the past year and 19% were identified as regular binge drinkers. PTSD and depression symptoms were highly related ($r = .69$, $p < .0001$). In a model that contained all covariates except depression, PTSD was significantly related to binge drinking (OR = 1.01; 95% CI 1.00 - 1.03, Wald $C2 = 6.32$ df = 1 $p < .02$). In a similar model, however, depressive symptoms were not uniquely related to any binge drinking. Only 22% of regular binge drinkers reported being counseled to cut back on their drinking by a health care provider. Receipt of risk

reduction counseling was more likely among veterans using VA health care services compared to those using health care services outside of the VA. Binge drinking is a prevalent problem among OEF/OIF veterans. There is a need for increased vigilance and action to identify and counsel at-risk veterans in this population.

FRI 253**The Relationship between Post-Traumatic Stress Symptoms and Physical Health**

(Abstract #1953)

Poster #FRI 253 (Prevent, Health, Illness, Mil/Vets, Adult) - Industrialized

Schry, Amie¹, Rissling, Michelle², Gentes, Emily¹, Beckham, Jean³, Kudler, Harold⁴, Straits-Troster, Kristy⁵, Calhoun, Patrick⁶

¹VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA

²Duke University & Durham VA Medical Centers, Durham, North Carolina, USA

³Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina, USA

⁴Department of Veterans Affairs, VISN 6 MIRECC & Duke University, Durham, North Carolina, USA

⁵Department of Veterans Affairs Medical Center, Durham, North Carolina, USA

⁶Durham VA Medical Center, VISN 6 MIRECC, Duke University School of Medicine, Durham, North Carolina, USA

While a large body of literature has linked posttraumatic stress disorder (PTSD) with poor physical health among older veterans, less is known regarding the association between PTSD and health among relatively young cohorts of veterans. The current study examined the association between PTSD and self-reported health among a sample of veterans who served in the recent conflicts in Iraq and Afghanistan ($N = 1,030$). Participants completed measures of PTSD symptom severity and self-rated health. Analyses examined the association between PTSD symptoms and health outcomes after controlling for the presence of depression. In analyses adjusted for age, gender, race, combat exposure, and depression, PTSD symptom severity was associated with increased likelihood of poorer self-rated health and increased likelihood of reporting that one's physical health limits participation in activities ($p < 0.001$). The odds of endorsing at least one symptom in 9 categories of self-rated health (e.g., cardiovascular, gastrointestinal, and respiratory symptoms) increased 1.62 to 4.60 times for every one standard deviation increase in PCL score. These findings suggest that PTSD symptom severity has a broad negative effect on physical health among Iraq

and Afghanistan era veterans. These younger veterans are likely early in their disease course and a good target for treatment.

FRI 254**Effects of PTSD Hyperarousal Symptom Fluctuations and Negative Affect on Smoking Lapse**

(Abstract #1954)

Poster #FRI 254 (Clin Res, Anx, Health, Sub/Abuse, Adult) - Industrialized

Dedert, Eric¹, Dennis, Pau², Hicks, Terrell³, Carpenter, Vickie¹, Neal, Lydia⁴, Calhoun, Patrick⁵, Beckham, Jean⁶

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

²Durham VA, Durham, North Carolina, USA

³Duke University Medical Center, Durham, North Carolina, USA

⁴Institute for Medical Research, Durham, North Carolina, USA

⁵Durham VA Medical Center, VISN 6 MIRECC, Duke University School of Medicine, Durham, North Carolina, USA

⁶Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina, USA

The objective of this analysis was to determine whether smoking lapses are triggered by 1) increased mean PTSD symptoms that leave the individual vulnerable to lapse, or 2) momentary increases in PTSD symptoms that trigger lapse independently of an individual's level of symptom severity. We examined ecological momentary assessments (EMA) of PTSD symptom clusters, negative affect, and smoking in the first week of a quit attempt in 52 people with PTSD. We modeled interindividual (between-person) differences in mean symptoms and intraindividual (within-person) variability in symptoms as predictors of risk of first smoking lapse with nicotine dependence statistically controlled. Between-person differences in mean symptoms were not related to risk of first lapse in the post-quit period for hyperarousal ($HR = 0.96$, $p = .30$) or negative affect ($HR = 1.02$, $p = .31$). In contrast, within-person differences indicated that increased variability in hyperarousal ($HR = 1.36$, $p = .027$) and negative affect ($HR = 1.31$, $p = .058$). Within-person variability in hyperarousal ($OR = 1.22$, $p < .01$) and negative affect ($OR = 1.38$, $p < .001$) were also the best predictors of increased odds of smoking between EMA readings. Results suggest that developing skills for addressing PTSD symptom exacerbations, especially hyperarousal and negative affect, are critical in the early stage of a quit attempt.

FRI 255**Associations of Perpetrator Identity with Guilt and Shame among Military Sexual Trauma (MST) Survivors**

(Abstract #1080)

Poster #FRI 255 (Clin Res, Complex, Cul Div, Pub Health, Rape, Adult) - Industrialized**Bryan, AnnaBelle***National Center for Veterans Studies and University of Utah, Salt Lake City, Utah, USA*

MST is defined as psychological trauma that “resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training” this does not assess the perpetrator. Due to cultural norms of the military, MST perpetrated by service members is presumed to have adverse impact on the health and well-being of MST survivors. To date, however, few studies have examined the potential role of perpetrator identity. The present study examined indicators of psychological well-being in a sample of 32 MST survivors of sexual assault using data from a parent study of 464 military personnel and veterans. 81.3% of the MST survivors were assaulted by a service member. 18.7% were assaulted by a non-military perpetrator. Results, when covarying for gender, age, and sexual trauma before military service, revealed there were no differences in severity of PTSD symptoms, or depression symptoms, according to perpetrator identity. Guilt and shame were significantly higher among MST survivors who had been assaulted by a fellow service member, $F's > 4.74$, $p's < .040$, and were maintained when adjusting for depression and PTSD. Results indicate that MST perpetrated by service members is characterized by more severe guilt and shame among survivors as compared to MST perpetrated by non-military assailants

FRI 256**Forgiveness Reduces Risk for Suicide Attempts among Sexual Assault Survivors Experiencing High Levels of Guilt**

(Abstract #1081)

Poster #FRI 256 (Practice, Cog/Int, Prevent, Rape, Adult) - Industrialized**Bryan, Craig , Bryan, AnnaBelle***National Center for Veterans Studies and University of Utah, Salt Lake City, Utah, USA*

Sexual assault is associated with a range of psychological sequelae including posttraumatic stress, depression, and guilt, all of which increase risk

for suicidal thoughts and behaviors among sexual assault survivors. Relatively little is known about factors that can offset reduce the risk for suicidal behaviors in this population, however. The primary aim of this study was to determine if self-forgiveness, an established protective factor for suicide attempts, moderates the relationship of guilt with risk for suicide attempt in a sample of military personnel and veterans reporting a history of sexual assault victimization. A total of 464 participants completed an anonymous survey of psychological symptoms and suicidal thoughts and behaviors. Results of generalized linear modeling indicated that a history of sexual assault was associated with significantly increased odds of a suicide attempt ($OR=4.86$, $p=.001$), even when adjusting for demographics and symptom severity. The three-way interaction of sexual assault history, guilt, and shame was statistically significant ($F[1,401]=4.14$, $p=.043$). The form of the interaction indicated that the likelihood of suicide attempt was highest among sexual assault survivors with low levels of self-forgiveness. Self-forgiveness was associated with reduced risk for suicide attempt even among survivors with high levels of guilt.

FRI 257**The Role of Rumination in the Relation between Moral Injury and Internalizing and Externalizing Symptoms**

(Abstract #1082)

Poster #FRI 257 (Clin Res, Cog/Int, Adult) - Industrialized**Chaplo, Shannon, Kerig, Patricia***University of Utah, Salt Lake City, Utah, USA*

Moral injury (MI) encompasses negative consequences that arise after individuals experience traumatic events that violate their moral beliefs. Although it has been proposed that MI can result in internalizing or externalizing symptoms, the underlying processes are not well understood. To this aim, we tested whether rumination on sadness versus anger mediates the relation between MI and hostility or depression. Participants included college students (310 women, 137 men). Analyses were conducted using structural equation modeling in Mplus. MI was treated as a latent variable with a bi-factor structure. Direct effects were specified between MI and depression, hostility, and rumination, as well as between rumination and depression and hostility. Indirect effects were also specified between MI and the outcome variables through rumination on anger and sadness. The model was a good fit to the data, $RMSEA=.05$, $CFI=.95$, $SRMR=.06$. Results were consistent with statistical mediation, in which rumination on sadness accounted for the relation between MI and depression, and rumination on anger accounted for the relation between MI and hostility. Further, rumination on sadness demonstrated no direct effect on hostility and

rumination on anger demonstrated no direct effect on depression, suggesting the unique contribution of each type of rumination to differential symptom outcomes.

FRI 260

Post-Deployment Suicide Risk Screening in the U.S. Army

(Abstract #1906)

Poster #FRI 260 (Clin Res, Acc/Inj, Affect/Int, Pub Health, Mil/Vets, Adult) - N/A

Vannoy, Steven

University of Massachusetts Boston, Boston, Massachusetts, USA

Objective: We sought to evaluate the benefit of enhanced suicide risk screening for Army soldiers. **Method:** We developed a screening instrument to be used in conjunction with post deployment health (re)-assessment (PDHRA), routinely used in the Army. Between 2012 -2014, 1040 soldiers were recruited to complete screening and responses were compared to a clinical review of their PDHRA. **Results:** The sample was 91% male, mean age = 26. Our screen indicated 3.2% endorsed recent suicidal ideation (SI), whereas < 1% endorsed SI during their PDHRA. Soldier requests for resources to manage stress were low (7%), as was being currently in care for post-traumatic stress disorder (PTSD: 3.5%). Under half (44%) of those who endorsed one or more PTSD screen items were referred to mental health care. Overall, 3.6% were referred specifically for PTSD. While the referral rate was similar for depression (3.8%) and anxiety (5.5%), all referral rates were below expected values based on epidemiologic studies in the Army (12-18%). **Conclusions:** Willingness to endorse suicidal ideation on a research instrument was significantly higher than on the PDHRA. Efforts to identify suicide risk must address reluctance to report.

FRI 261

Longitudinal Course of Posttraumatic Growth among U.S. Military Veterans

(Abstract #683)

Poster #FRI 261 (Clin Res, Comm/Int, QoL, Mil/Vets, Aging, Adult) - Industrialized

Tsai, Jack¹, Pietrzak, Robert², Southwick, Steven³

¹*Yale University School of Medicine; VA Connecticut Healthcare System, West Haven, Connecticut, USA*

²*National Center for PTSD, West Haven, Connecticut, USA*

³*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA*

Objective: This study examined the prevalence and course of posttraumatic growth (PTG) among U.S. military veterans and identified predictors of PTG course over a 2-year period. **Methods:** Data from a web-based survey of a nationally representative sample of 3,157 U.S. military veterans and 2-year follow-up of 1,838 of these veterans. **Results:** Nearly 50% of all veterans and 72% of those who screened positive for posttraumatic stress disorder (PTSD) reported "moderate" or greater PTG in relation to their worst traumatic event. PTG and PTSD symptoms have a curvilinear relationship. Of veterans who were followed-up two years later, 59% of veterans who reported a "moderate" or greater level of PTG maintained this level over time. Five heterogeneous PTG courses were identified, including Consistently Low PTG (33.6%), Consistently High PTG (14.5%), Moderately Declining PTG (19.4%), Dramatically Declining PTG (15.7%), and Increasing PTG (16.8%) groups. PTSD symptoms, medical conditions, purpose in life, altruism, gratitude, religiosity, and an active reading lifestyle predicted maintenance or increase in PTG. **Conclusion:** PTG is common among U.S. veterans and has a heterogeneous course. PTG is maintained over time for many veterans, especially in the presence of PTSD symptoms and certain psychosocial factors. PTG should be considered in trauma-related interventions.

FRI 262

Eye Movement Desensitization and Reprocessing (EMDR) Therapy and Restoration of Hope for Police Officers: Implications for Reducing PTSD Symptoms, Complex Trauma, Disassociation and its Impact

(Abstract #1763)

Poster #FRI 262 (Clin Res, Complex, Train/Ed/Dis, Self-Care, Mil/Vets, Prof) M - Global

Genlik, Ken

Private Practice, Winnipeg, Manitoba, Canada

This case study focuses on five female police officers' reports of change experiences in EMDR Therapy. Qualitative data from five participants is utilized. Five participants reported severe bodily sensations, disassociation and flashbacks due to childhood trauma, job related stress and traumatic events. Flashbacks refer to the sudden recall of a traumatic event, but they are not restricted to images. For example, participants reported bodily flashbacks in the form of a hand and a footprint reappearing on their body and causing extreme pain. The participants are asked to share their experience of change and identify what has changed in their life and in their body as they are leaving the trauma, disassociation

and flashbacks behind, and creating a healthy interaction pattern with the world around them. A qualitative analysis of the transcribed interviews identified four qualities presented by the participants. These qualities are: acceptance of self, repaired body, life energy and restored hope.

FRI 263

The Challenge of Drop Out for Active Duty Soldiers Participating in Exposure Therapy
(Abstract #291)

Poster #FRI 263 (Clin Res, Mil/Vets, Adult) - Industrialized

Reger, Greg¹, Smolenski, Derek², Koenen-Woods, Patricia¹, Zetocha, Kimberlee¹, Holloway, Kevin¹, Gahm, Gregory³

¹National Center for Telehealth & Technology, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Tacoma, Washington, USA

²National Center for Telehealth & Technology, Tacoma, Washington, USA

³Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury, Tacoma, Washington, USA

Barriers to mental health care for military personnel have previously been identified but little research exists about the dropout rates and reasons for drop out among service members receiving exposure therapy. This presentation will review the findings from a randomized clinical trial involving active duty soldiers (N = 162) who participated in prolonged exposure (PE), virtual reality exposure (VRE) or a wait-list. Dropout rates were high for both PE (41%) and VRE (43%) with no significant difference between treatments. Among those who dropped out during treatment, nearly half terminated therapy after session 3 or 4, which is noteworthy as the first imaginal exposure occurred during session 3. Reasons for dropout were obtained from 77% of dropouts. A substantial minority of patients dropped out during treatment because the treatment was emotionally difficult. Of those not completing a 6-month follow-up assessment, 54% of dropout was due to military service related unavailability such as a change of duty station, deployment, retirement, or the time demands of military training. Opportunities for reducing attrition will be discussed, including the implications of Command support, trends toward soldier appointment accountability via the Uniformed Code of Military Justice, and potentially useful clinical interventions, such as the Intent to Return measure.

FRI 264

Considering Transdiagnostic Treatments in the Context of Patient Dropout: Effectiveness of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders among Veterans with PTSD

(Abstract #292)

Poster #FRI 264 (Practice, Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized

Varkovitzky, Ruth¹, Reger, Greg²

¹VA Puget Sound Healthcare System, Tacoma, Washington, USA

²National Center for Telehealth & Technology, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Tacoma, Washington, USA

Significant dropout rates have been noted for evidence-based treatments for PTSD, including Cognitive Processing Therapy and Prolonged Exposure. One potential contributor to dropout rates is the high incidence of diagnostic comorbidity among Veterans with PTSD. Research has yet to examine the effectiveness of transdiagnostic psychotherapy in Veterans with PTSD and co-occurring psychological disorders. This pilot study examined the effectiveness of Dr. David Barlow's Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) delivered in a 16-week group format. We examined symptom change in male and female Veterans (N=23) in an outpatient specialty PTSD clinic at a large VA medical center. We hypothesized that Veterans participating in UP group would evidence significant decreases in PTSD symptoms, depressive symptoms, and emotion regulation deficits. Examination of PTSD symptoms (PTSD Checklist for DSM-5; $t(22) = 2.60, p < .05$), depressive symptoms (Patient Health Questionnaire-9; $t(23) = 2.42, p < .05$), and difficulties in emotion regulation (Difficulties in Emotion Regulation Scale; $t(23) = 4.80, p < .001$) all indicated significant improvements at the end of treatment. Further exploration of Veterans' symptom change trajectory and a need for additional research will be discussed.

FRI 265

Predicting Dropout from Cognitive Processing Therapy

(Abstract #293)

Poster #FRI 265 (Clin Res, Clinical Practice, Mil/Vets, Adult) - N/A

Hearne, Catherine

Albuquerque Veterans Affairs Hospital, Albuquerque, New Mexico, USA

While there is a great deal of empirical support for the efficacy of Posttraumatic Stress Disorder (PTSD) therapies in general and Cognitive Processing Therapy (CPT) in particular, a strong limitation for these interventions is the frequency of patient dropout. The present study examines predictors of treatment dropout using a sample of male veterans who initiated CPT from January 2013 through June 2014 at a VA specialty outpatient PTSD clinic (N = 134). In particular, demographics, medications, psychiatric symptomology, posttraumatic cognitions, and therapeutic alliance measures are examined as potential predictors. Results show that within this sample, 45% dropped out of treatment prior to completing the full 12-session protocol, with a modal session completion of six. Preliminary analyses further suggest that, consistent with previous research, higher initial PTSD avoidance subscale scores are predictive of treatment dropout. However, endorsement of past failure and use of norepinephrine-dopamine reuptake inhibitor (NDRI) medications appear to be even stronger predictors. Overall, these predictors of dropout should assist with better screening and patient triage, which is particularly important when providers primarily cited "unknown reasons" when asked why patients dropped out.

FRI 266
Stress Management versus Cognitive Restructuring: a Randomised Clinical Study on Traumatized Refugees
 (Abstract #1056)

Poster #FRI 266 (Clin Res, Clin Res, Torture, Grief, Adult) - Industrialized

Carlsson, Jessica¹, Sonne, Charlotte², Mortensen, Erik³

¹Competence Center for Transcultural Psychiatry Denmark, Psychiatric Center Ballerup, The Mental Health Services of the Capital Region of Denmark, Copenhagen, Hellerup, Zealand, Denmark

²Competence Center for Transcultural Psychiatry, Ballerup, Zealand, Denmark

³Copenhagen University, Copenhagen, Denmark

There is a lack of evidence regarding which kind of psychotherapy that is the most effective when treating traumatized refugees. Studies on the effect of psychotherapy among other patient groups with PTSD suggest a good effect using Cognitive Behavioural Therapy (CBT). Research results and the clinical experience at the Competence Center for Transcultural Psychiatry (CTP) suggest that Cognitive Restructuring is not always a useful tool and that stress reducing techniques could be more useful. This hypothesis was tested in the present study. The

objectives were to study the effect of CBT with a focus on either Stress Management or Cognitive Restructuring in a clinical sample of traumatized refugees with PTSD and to identify predictors for the treatment effect. Methods: All patients (n=143) referred to CTP from June 2011 – March 2012 and fulfilling the inclusion criteria were offered to participate. Participants were offered combined treatment with a psychiatrist (psycho-education and psychopharmacological treatment when needed) and a psychologist (CBT). The duration of the treatment was 6-7 months. The participants were randomised to either: CBT with a focus on Stress Management or with focus on Cognitive Restructuring. The primary outcome was PTSD (Harvard Trauma Questionnaire). The results are presently being analysed and will be presented at the symposia.

FRI 267
The Treatment of Traumatized Refugees with Sertraline versus Venlafaxine in Combination with Psychotherapy – a Randomised Clinical Study
 (Abstract #1058)

Poster #FRI 267 (Clin Res, Clin Res, Complex, Cul Div, Refugee, Adult) - Industrialized

Sonne, Charlotte
 Competence Center for Transcultural Psychiatry, Ballerup, Zealand, Denmark

Background and aim: Today we lack evidence to conclude which type of treatment approach is most efficient when it comes to traumatized refugees. Also there is a lack of studies which examine the relation between psychosocial resources and treatment efficiency. This study aims to produce new evidence in order to optimise treatment for multi-traumatized refugees with complex PTSD. Materials and Method: The study included 207 patients referred to Competence center for Transcultural Psychiatry between April 2012 and September 2013. Patients were randomised into one of the two treatment groups: a Sertraline group (n=109) or a Venlafaxine group (n=98). Patients in both groups received the same manual based Cognitive Behavioural therapy, specially adapted to this group of patients. The trial endpoints were PTSD and depression symptoms and social functioning, all measured on validated ratings scales. Furthermore the study examined the relation between expected outcome of treatment from a range of predictors and the relation to the treatment results for the individual patient. Results: Data is currently being analyzed and results will be ready for the conference. Conclusion: The study is among the largest randomised studies in the field and is expected to bring forward new

knowledge about clinical evaluation and medical treatment of traumatised refugees.

FRI 268

Trauma and the Synchronization of Brain Networks; an fMRI Study of Refugee Victims of Torture

(Abstract #1059)

Poster #FRI 268 (Bio Med, Chronic, Torture, Neuro, Adult) - Industrialized

Uldall, Sigurd

University of Copenhagen, Copenhagen, Denmark

Catching emotions expressed by other humans is associated with intersubject synchronization of brain circuitries related to emotional processes. Synchronization of brain networks make individuals "tick together," which subsequently increases the similarity in the way that they experience the common world. People who have endured severe interpersonal traumas may develop emotional disturbances that replace typical emotional responsivity with that, for instance, of flat affect. However, due to a person's pre-trauma experience with social cues and behavior, a deranged interpersonal emotional response can be partly compensated for on a behavioral level. In this study we wish to examine the influence of trauma on brain synchronization in trauma-affected refugees. We will induce emotional states by using dynamic naturalistic stimulation in the form of Hollywood movie excerpts and compare the synchronization patterns with neurotypical controls during fMRI. The study begins in July 2015 and data from the pilot study will be presented at the symposium.

FRI 269

Military Sexual Trauma is Associated with Eating Disorders in Female Veterans

(Abstract #1005)

Poster #FRI 269 (Clin Res, Clin Res, Rape, Mil/Vets, Adult) - Industrialized

Maguen, Shira¹, Donalson, Rosemary², Dinh, Julie², Hebenstreit, Claire¹, Dalton, Sarah¹

¹San Francisco VA Medical Center and UCSF, San Francisco, California, USA

²San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA

Although military sexual trauma (MST) is associated with a number of mental health disorders and physical health problems, few studies examine the relationship between MST and eating disorders. Furthermore, it is unclear if trauma type experienced during the military

is differentially related to eating disorders. This is particularly important as more women are involved in combat and continue to experience disproportionately higher rates of MST, compared to men. The purpose of this study was to better understand if military-service trauma types were differentially associated with disordered eating in female veterans. Participants were 233 female veterans who were users of one Department of Veteran Affairs medical center and completed surveys related to trauma exposure and current mental health symptoms. We conducted logistic regression analyses to determine which trauma types were most strongly associated with probable binge eating disorder as well as probable anorexia/bulimia. We found that of injury, loss, perceived threat, combat exposure and MST trauma types, MST was most strongly associated with both binge eating (OR = 1.9, 95% CI=1.1-3.5, $p < .03$) and anorexia/bulimia outcomes (OR = 1.6, 95% CI=1.1-2.5, $p < .02$). The relationship between MST and multiple eating disorder outcomes has important implications for screening and treatment of female veterans.

FRI 270

A Preliminary Investigation of Institutional Betrayal among Veterans with Military Sexual Trauma

(Abstract #1006)

Poster #FRI 270 (Clin Res, Depr, Rape, Mil/Vets, Theory, Adult) - Industrialized

Monteith, Lindsey¹, Bahraini, Nazanin¹, Matarazzo, Bridget¹, Soberay, Kelly¹, Smith, Carly²

¹Rocky Mountain MIRECC, Denver, Colorado, USA

²The University of Oregon, Eugene, Oregon, USA

Our objectives were twofold: (1) to examine perceptions of institutional betrayal (Smith & Freyd, 2013) among Veterans exposed to military sexual trauma (MST); (2) to examine whether institutional betrayal was associated with symptoms of posttraumatic stress disorder (PTSD), depression, and suicidal ideation and attempt following MST. Forty-nine Veterans with MST (mean age = 46.8; SD = 13.4) completed the Institutional Betrayal Questionnaire, PTSD Checklist for DSM-5, Patient Health Questionnaire-9, and the Self-Injurious Thoughts and Behaviors Interview. Participants reported high levels of institutional betrayal following MST. Nearly all (95.9%) indicated some type of institutional betrayal associated with the MST. Institutional betrayal was associated with symptoms of posttraumatic stress disorder ($p = .033$), depression ($p = .017$), and increased odds of attempting suicide following MST (odds ratio = 1.34; 95% confidence interval = 1.06, 1.69; $p = .015$), but was not associated with suicidal ideation ($p = .16$). These

preliminary findings underscore the crucial role that military institutions have in Veterans' emotional health following MST – emphasizing the importance of institutional prevention efforts and response to sexual trauma.

FRI 271

Guilt and Shame among Military Personnel and Veterans who have Experienced Military Sexual Trauma

(Abstract #1007)

Poster #FRI 271 (Clin Res, Rape, Orient, Mil/Vets, Adult) - Industrialized

Reynolds, Mira, Bryan, Craig, Bryan, AnnaBelle
National Center for Veterans Studies and University of Utah, Salt Lake City, Utah, USA

Objective: Sexual trauma is more likely to result in posttraumatic stress disorder (PTSD) in women than other types of trauma. However, less is known about the relationship of guilt and shame with trauma among military personnel who have experienced military sexual trauma (MST). The current study investigates the association of MST and PTSD with guilt and shame in a sample of military personnel and veterans. Method: 422 U.S. military personnel and veterans enrolled in college completed standardized self-report measures of trauma history, feelings of guilt and shame, and PTSD. Results: Self-reported guilt and shame was highest among participants with MST as compared to non-military sexual trauma ($F(2, 397) = 20.854, p = .000$) and no history of sexual trauma ($F(2, 397) = 18.664, p = .000$). Guilt and shame did not differ between men and women. Results of regression indicated that the indirect effect of MST with shame through PTSD were statistically significant. The indirect effect of nonmilitary sexual trauma was not significant. Conclusions: Guilt and shame are higher in both male and female military personnel and veterans with MST as compared to those with no MST. Participants who experienced MST report higher levels of guilt and shame because they are more likely to report elevated PTSD. The relationship of early life sexual trauma with guilt and shame was not explained by PTSD.

FRI 272

Rates of and Reasons for Reluctance to Disclose True Military Sexual Trauma (MST) Status

(Abstract #1011)

Poster #FRI 272 (Clin Res, Orient, Adult) - Industrialized

Blais, Rebecca¹, Fargo, Jamison¹, Gundlapalli, Ad²

¹Utah State University, Logan, Utah, USA

²University of Utah, Salt Lake City, Utah, USA

Nearly 25% of women Veterans report MST. Estimates may under-represent the magnitude of this adverse deployment experience; however, few to no studies have examined rates of reluctance to disclose true MST status. A community sample of women Veterans ($n=335$) were recruited through social media and were anonymously surveyed about MST, reluctance to disclose true MST status, and reasons for nondisclosure where applicable. Using a mixed method study design, results indicated that 263 Veterans (78.5%) reported MST (true positive) and 51 (15.2%) stated that they did not disclose their true MST status during VA screening (false negative). The most commonly endorsed reason for not disclosing true MST status was stigma for MST followed by experiential avoidance of distressing reminders of MST, fear of retribution from their unit for reporting, discomfort talking to a civilian provider about MST, self-blame, fear the perpetrator would be court martialled, prior negative experiences disclosing MST, and privacy concerns. Current estimates of MST that are based on VA screening likely under-represent the true prevalence of MST in women Veterans and several barriers to truthfully disclosing MST status exist. Clinical interventions are needed to help women Veterans feel safe and supported when disclosing their MST status.

FRI 273

Relationship between Alcohol Misuse, Alcohol Screening, and Treatment Outcomes in STEPS-UP

(Abstract #1296)

Poster #FRI 273 (Clin Res, Clin Res, Depr, Sub/Abuse, Care, Adult) - Industrialized

Evatt, Daniel¹, Belsher, Brad¹, Jaycox, Lisa², Freed, Michael³, Novak, Laura¹, Beech, Erin¹, Thonsen, Lindsay¹, Bray, Robert⁴, Engel, Charles²

¹Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury, Bethesda, Maryland, USA

²RAND Corporation, Arlington, Virginia, USA

³Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury / USUHS, Bethesda, Maryland, USA

⁴RTI International, Research Triangle Park, North Carolina, USA

Alcohol misuse often co-occurs with PTSD and depression in military service. Alcohol misuse (defined as AUDIT-C > 3 / 2 for men / women respectively) was assessed in a multi-site randomized controlled trial of an enhanced collaborative care

model (STEPS UP) compared to usual care. We examined the relationship between alcohol misuse and PTSD/depression treatment outcomes and characterized differences in alcohol screening between treatment conditions. Participants who screened positive for alcohol misuse had significantly reduced improvements in PTSD and depression outcomes relative to participants who did not screen positive for alcohol misuse. Nurse Care Managers in STEPS UP chose to screen significantly more patients for alcohol misuse (SUM = 314) compared to Nurse Care Managers in usual care (SUM = 25). Only 7% of the participants who reported alcohol misuse on research AUDIT-C assessments over the course of the study were screened for alcohol misuse in usual care whereas 76% were screened in STEPS UP. Follow-up analyses are presented examining the effects of alcohol screening on treatment outcomes. Findings are discussed with respect to military efforts and policies aimed at identifying and improving alcohol misuse in military primary care patients with PTSD.

FRI 274

Bridging the Health System: Evaluating Patterns of Behavioral Health Utilization among Active Duty Soldiers with Trauma Symptoms in a Stepped, Collaborative Care Intervention

(Abstract #1297)

Poster #FRI 274 (Clin Res, Clin Res, Mil/Vets, Care, Adult) - Industrialized

Belsher, Brad¹, Jaycox, Lisa², Evatt, Daniel¹, Freed, Michael³, Engel, Charles², Novak, Laura¹, Lucio, Whitley¹, Bray, Robert⁴

¹Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury, Bethesda, Maryland, USA

²RAND Corporation, Arlington, Virginia, USA

³Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury / USUHS, Bethesda, Maryland, USA

⁴RTI International, Research Triangle Park, North Carolina, USA

Collaborative care interventions aim to improve care access and continuity by tracking patient symptoms longitudinally and tailoring care based on symptom severity. This presentation will describe data collected from a multi-site randomized clinical trial comparing a stepped, collaborative care intervention (STEPS-UP) to a usual care arm to understand how stepped care may promote access and engagement in behavioral health for patients requiring greater treatment intensity. Findings indicated an interaction between treatment arm and PTSD symptoms, such that the relationship between PTSD symptom severity and

behavioral health encounters was stronger in the STEPS-UP arm relative to the control arm. STEPS-UP participants with lower PTSD symptoms engaged in fewer behavioral health appointments and STEPS-UP participants with elevated PTSD symptoms engaged in more behavioral health appointments relative to the control arm. Among participants with highly elevated PTSD levels (PCL \geq 50), participants in the STEPS-UP arm were more likely to engage in any behavioral health encounters and also engaged in a greater frequency of behavioral health sessions relative to the control arm. Implications from these findings will be explored to better understand how stepped, collaborative care interventions in primary care may improve care access and continuity across behavioral health settings.

FRI 275

Student Veterans with PTSD Symptoms: Perceived Barriers and Support Needs

(Abstract #1998)

Poster #FRI 275 (Clin Res, Clin Res, QoL, Mil/Vets, Adult) - Industrialized

McCaslin, Shannon¹, O'Connor, Ashley², Herbst, Ellen³, Leach, Bridget³, Armstrong, Keith³

¹National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

²Denver VA Medical Center, Denver, Colorado, USA

³San Francisco VA Medical Center and UCSF, San Francisco, California, USA

Veterans with PTSD report experiencing greater difficulty in the academic or work setting than those without PTSD (Sayer et al., 2010). PTSD symptoms can impact academic performance and adjustment through many factors including an inability to focus and decreased attention span, discomfort with crowded settings, and sleep difficulties. This study aimed to identify potential targets for on-campus interventions to support student veteran success. 72 Veterans with PTSD symptoms who had served in Operations Iraqi Freedom (OIF), Enduring Freedom (OEF), and New Dawn (OND) and had attended or were attending college were surveyed about perceived barriers to academic success and preferences for mental health related academic support in the form of a proposed college course. Potential barriers to academic success were rated in three categories: psychosocial stressors, and college environment. Among the most highly rated were sleep difficulties, anxiety and depression, and financial concerns. Over half of the sample endorsed being very or extremely likely to enroll in a course. The most highly rated topics of interest in the course included strategies for better sleep, understanding my benefits, and strategies to manage general anxiety. These

findings inform the development of programs and interventions for veterans with PTSD symptoms on campus.

FRI 276

**VHA Services on the College Campus:
Acceptability and Impact of the Student
Veteran's Health Program**

(Abstract #1999)

**Poster #FRI 276 (Commun, Clinical Practice,
Prevent, Pub Health, Mil/Vets, Prof) -
Industrialized**

Herbst, Ellen¹, **Leach, Bridget**¹, **McCaslin, Shannon**², **Armstrong, Keith**¹, **O'Connor, Ashley**³, **Jersky, Brandina**⁴

¹San Francisco VA Medical Center and UCSF, San Francisco, California, USA

²National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

³Denver VA Medical Center, Denver, Colorado, USA

⁴San Francisco VA Medical Center (VAMC-SF), SAN FRANCISCO, California, USA

Since the implementation of the Post-9/11 GI Bill, the number of veterans enrolling in higher education programs has risen from 400,000 to over one million (VBA, 2013), many of whom have served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). OEF/ OIF veterans have a relatively high prevalence of post-traumatic stress disorder (PTSD) and related mental health conditions (Thomas 2010) and relatively lower rates of engagement in mental health clinics (Seal, 2010; Hoge, 2014). The Veterans Health Administration (VHA) has developed a program at a community college in San Francisco that provides mental health services directly on campus; however the acceptability and impact of this program was unknown. We conducted a needs assessment and satisfaction survey of veterans who have accessed this program (n = 36). 76.5 % respondents rated satisfaction with services good to great, and all but one participant stated the services were somewhat to very helpful. Approximately half of the sample reported increased likelihood of connection to treatment services as a result of the program. Perceptions of services accessed will be discussed. Findings support the feasibility and acceptability of establishing such programs to support the post-deployment mental health needs of Veterans.

FRI 277

**Experiences of Post-9/11 Veterans in
College: A Story of Perseverance**

(Abstract #2000)

**Poster #FRI 277 (Clin Res, QoL, Mil/Vets, Adult) -
N/A**

O'Connor, Ashley

Denver VA Medical Center, Denver, Colorado, USA

This study aimed to more deeply understand the campus experiences of student veterans who had been deployed post 9/11. In-depth qualitative interviews were conducted with student veterans (n = 6). Interviews elicited participants' experiences transitioning to the academic environment. Data collection and analysis were based on phenomenological methods with an inductive approach. Major themes that emerged included: 1) veterans sense of a need to re-define their lives post-separation from the military, in order to minimize a sense of disconnect from non-veterans, 2) veterans choosing academic attendance as a means of reintegration but simultaneously having concerns about stigmatization. Student veterans expressed their views on potential facilitators of success on campus including means of increasing social support for incoming veterans and ways in which faculty could better support their success. Findings highlight the importance of understanding perceived stigma and how differences from traditional students may affect student veteran's ability to succeed in the academic environment, as well as the important role of social support. The implications of these findings for developing on campus support programs for student veterans will be discussed.

FRI 278

**The Exploration and Clinical Implications of
Values Changes Following Political Violence**

(Abstract #1757)

**Poster #FRI 278 (Clin Res, Global, Surv/Hist,
Civil/War, Interger, Adult) M - Industrialized**

Comeau, Thea¹, **Fitzpatrick, Marilyn**¹, **Simms, Jane**², **MacIntosh, Heather**³

¹McGill University, Montreal, Quebec, Canada

²University of Ulster, Newtownabbey, Antrim, United Kingdom

³McGill University, School of Social Work, Montreal, Quebec, Canada

The objective of this research is to explore the process and experience of changes in values and life priorities for victims and survivors of violent political trauma. Research indicates that values can be

fundamentally changed by traumatic experiences (Tedeschi & Calhoun, 1996; Hayes et al., 2006), in both positive (Tedeschi & Calhoun, 1994) and negative (Janoff-Bulman, 1989) directions. Changes in values are one common way in which posttraumatic growth manifests (Comeau et al., in preparation; Simms, 2014). Several clinical methodologies employ values processes as therapeutic interventions with survivors of trauma, yet few have explored the process and experience of values transformation. This paper will present the findings of a phenomenological study exploring the experience of values transformation in victims of the 'Troubles' in Northern Ireland. Victims of the 'Troubles' who lost friends or family members, or those who were injured themselves, participated in detailed semi-structured interviews. These interviews explored the impact of values changes in their healing and on participation in the creation and maintenance of peace. This paper will also offer suggestions for values based interventions to be used in the context of political violence to facilitate peace and post-conflict healing from trauma.

FRI 279**Telephone Care Management in Outpatient PTSD Treatment: A Randomized Controlled Trial**

(Abstract #1480)

Poster #FRI 279 (Clin Res, Clinical Practice, Adult) M - Industrialized

Azevedo, Kathryn¹, Tiet, Quyen², Calhoun, Patrick³, Greene, Carolyn⁴, Wood, Amanda⁵, Rosen, Craig⁶

¹Department of Veterans' Affairs National Center for Posttraumatic Stress Disorder, Menlo Park, California, USA

²National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

³Durham VAMC, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina, USA

⁴Office of Mental Health Services, Department of Veterans Affairs, Menlo Park, California, USA

⁵Department of Veterans Affairs, Puget Sound Health Care System, Tacoma, California, USA

⁶VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA

This randomized trial tested whether augmenting usual PTSD care with telephone care management (TCM) improved treatment attendance and outcomes. 355 veterans entering PTSD outpatient treatment at three VA facilities were randomized to treatment as usual (TAU, n = 165) or TAU augmented with TCM (TCM, n = 190). Patients in the TCM arm received 6 biweekly telephone calls during the first 3 months of treatment. PTSD symptoms,

depression, substance use, violence, and quality of life were assessed at intake, 4 months (67% response rate), and 12 month (60% response rate). 97% of veterans in the TCM arm were reached by telephone. Veterans in the TCM arm completed more mental health visits (5.9 +/- 5.9) in the three month intervention period than those in TAU (4.3 +/- 6.0; binomial beta = .369. p < .002). Treatment attendance in the subsequent 9 months, medication refills, course of PTSD symptoms, depression, alcohol problems, violence and QOL did not differ by condition. Telephone care management improved initial treatment attendance but did not enhance clinical outcomes. Telephone care management improves mental health treatment attendance and is likely to improve outcomes for treatments that are known to be effective.

FRI 280**Telephone Care Management Enhances the Therapeutic Relationship between Veterans with PTSD and Their Mental Health Treatment Providers**

(Abstract #1141)

Poster #FRI 280 (Clin Res, Complex, Adult) M - Industrialized

Azevedo, Kathryn¹, Rosen, Craig², Tiet, Quyen³, Lindley, Steven², Carolyn, Greene¹

¹Department of Veterans' Affairs National Center for Posttraumatic Stress Disorder, Menlo Park, California, USA

²VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA

³National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

This study examines how telephone care management (TCM) facilitates or limits the relationship between Veterans and their primary PTSD treatment providers. This is a secondary analysis of data from the *Homecoming Line: Telephone Support for Veterans* study, a randomized trial comparing outpatient PTSD treatment as usual (TAU) with TAU augmented with 6 biweekly TCM supportive phone calls. A patient satisfaction survey was administered and total of 69 participants in the TCM arm completed the survey. Content analysis of telephone care call records and a domain analysis of emergent themes was performed using the Spradley Ethnographic Method (Spradley, 1982). The following domains emerged for understanding TCM satisfaction: (1) accountability (2) reinforcement of therapy messages, and (3) treatment continuity. Dissatisfaction domains included (1) redundancy, (2) triggering, and (3) poor telephone connectivity. Call data revealed participants brought up emergent clinical issues with their telephone care manager that they did not bring up during regular

therapy sessions. Care managers, in turn, promptly communicated these issues with providers. Telephone care management has the potential to improve communication and enhance relationships between patients and providers, increase treatment seeking, strengthen therapeutic alliance, and improve overall treatment satisfaction.

FRI 281**An Innovative Photomedicine Treatment for Comorbid TBI and PTSD**

(Abstract #2004)

Poster #FRI 281 (Clin Res, Bio/Int, Adult) I - N/A

Knight, Jeffrey¹, Naeser, Margaret², Martin, Paula³, Ho, Michael⁴, Kregel, Maxine⁴, Bogdanova, Yelena⁴

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

²Stony Brook University, Boston, Massachusetts, USA

³VA, Boston, Massachusetts, USA

⁴VA Boston Healthcare System, Boston, Massachusetts, USA

No validated, effective therapies exist that directly treat the underlying brain damage causing traumatic brain injury (TBI) and comorbid Post-traumatic Stress Disorder in civilians or soldiers injured in warzones. Survivors with mild to moderate TBI and PTSD face can long-term struggles rehabilitating and reintegrating to everyday life due to emotional, cognitive, behavioral and psychosocial impairments. Available cognitive rehabilitation for TBI employ restorative or compensatory approaches to try to improve impaired functioning. While effective PTSD therapies exist, no consensus treatments are available to treat the comorbid TBI-PTSD combination. This study employs a non-invasive, photomedicine intervention (transcranial photobiomodulation: red/near-infrared light) to treat cognitive deficits, psychosocial impairment and PTSD symptoms. Twenty TBI-PTSD veterans enrolled in this 12-week, sham-controlled, cross-over treatment. Significant pre-post treatment improvements were found on neuropsychological tests of memory and executive functioning and in PTSD symptoms on the PTSD Checklist (confirmed via CAPS). Psychosocial functioning improvements in primary domains of daily activities reported by participants were corroborated by collateral others. Findings suggest that transcranial light therapy is a viable clinical treatment for TBI-PTSD patients that warrant further study

FRI 282**The Association between Subconcussive Head Injury and Intimate Partner Violence**

(Abstract #2022)

Poster #FRI 282 (Assess Dx, DV, Adult) I - N/A

Knight, Jeffrey¹, Weatherill, Robin², Taft, Casey³

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

²National Center for PTSD and VA Boston Healthcare System, Boston, Massachusetts, USA

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

Study Aim: Investigate associations between head injury history, multiple subconcussive head contact events(HCE), loss of consciousness(LOC), immediate and residual sequelae, and intimate partner violence to test the hypothesis that more HCE, more severe HCE and more residua would be associated with greater IPV perpetration. **Methods:** Participants were 95 combat-exposed veterans (mean age=40; 60% defined as being in distressed relationships); 71% of their partners agreed to collateral phone interviews. Veterans and partners responded to the Conflict Tactics Scale, which measures IPV dimensions: Negotiation, Psychological Aggression, Injury, Sexual Coercion, and Physical Assault. Veterans completed a comprehensive interview surveying HCE history-with and without LOC, plus physical and neurocognitive sequelae. **Results:** Veterans reported perpetrating psychological IPV in the past year -93% and significant HCE (98%; mean=3.8,SD=2.1). Sports head injuries, explosions, and beatings were the most common HCE events. LOC from receiving repeated HCE positively correlated with IPV physical aggression (pushing/shoving, choking, slamming person into wall $r=.68-.78$). **Conclusions:** LOC from repeated HCE is associated with physical IPV, and supports an injury-induced vulnerability hypothesis for Behavioral Disinhibition-Emotion Dysregulation as an explanation for IPV in head-injured veterans.

FRI 283**Predicting Jewish Historical Loss through Family Communication and Strength of Identification**

(Abstract #1879)

Poster #FRI 283 (Clin Res, Complex, Ethnic, Fam/Int, Intergen, Adult) M - Industrialized

Patel, Anushka, Cromer, Lisa

The University of Tulsa, Tulsa, Oklahoma, USA

Historical loss (HL) is a form of collective trauma that is not well understood, especially as it relates to Holocaust survivors and their families. Some studies suggest that HL transfers generationally from parent to child; other research suggests that Jewish identity explains HL more than does family membership. Possibly, experience of HL is associated with communication about these losses. Family communication about the Holocaust (FCH) has been negatively associated with Holocaust off-springs' mental health, but FCH has not been investigated with regard to intergenerational transmission of HL. The current study examined Jewish identity and FCH as they related to HL, in hopes of shedding light on the importance of strength of Jewish identification and family communication as they relate to HL within a single sample. We hypothesized that strength of Jewish identification and family communication about the Holocaust would both be associated with more HL. We examined survey data from a community sample of Jewish-American Holocaust survivors and their offspring (N=269) in a multiple regression. The overall model was significant [$R^2 = .22$, $F(2, 226) = 37.27$, $p < .001$], with strength of Jewish identification ($\beta = .23$, $p < .001$) and FCH ($\beta = .38$, $p < .001$) associated with HL.

FRI 284

The Influence of Exposure, Relaxation and Re-scripting Therapy for Children (ERRT-C) on Sleep Parameters Measured by Actigraphy

(Abstract #1561)

Poster #FRI 284 (Clin Res, Clin Res, Health, Sleep, Child/Adol) M - Industrialized

Patel, Anushka, Rhudy, Jamie, Davis, Joanne, Cromer, Lisa
The University of Tulsa, Tulsa, Oklahoma, USA

Exposure Relaxation and Re-scripting Therapy (ERRT) is a cognitive behavioral treatment for trauma-related nightmares that reduces self-reported nightmare frequency and severity, symptoms of depression and posttraumatic stress disorder, and improves self-reported sleep quality in adults. ERRT also reduced physiological fear responses to nightmare imagery. Few studies have examined nightmare treatment efficacy using objective markers of sleep parameters, and none have examined this in children. The present study utilized an adaptation of ERRT for children, and evaluated treatment effectiveness with objective data using actigraphy. Actigraphy provides data from a wristwatch-like device that continuously measures activity level in order to provide reliable and valid sleep-wake data. We analyzed data from youth (N=3) aged 8, 14, and 17-years-old with linear mixed model ANOVAs across

pre-treatment, post-treatment, and 3-month follow-up. Sleep latency, time asleep and time in bed did not change pre- to post-treatment; but, at follow-up, there was a significant increase in sleep latency ($p = .044$) and time asleep ($p = .024$), in addition to a marginal improvement in time in bed ($p = .054$). Actigraph-recorded nightmare frequency, number of awakenings, sleep efficiency, and time awake after sleep onset did not significantly change across the three time-points.

FRI 285

Cortical Volume and Surface Area in Regions Supporting Emotion Regulation are Associated with Symptoms of Avoidance in the Acute Aftermath of a Traumatic Event
(Abstract #1372)

Poster #FRI 285 (Clin Res, Acc/Inj, Acute, Res Meth, Neuro, Adult) M - N/A

Hanson, Jessica¹, deRoos-Cassini, Terr², Taubitz, Lauren¹, Belleau, Emily¹, Larson, Christine¹
¹University of Wisconsin - Milwaukee, Milwaukee, Wisconsin, USA
²Medical College of Wisconsin, Milwaukee, Wisconsin, USA

Individuals who suffer from posttraumatic stress disorder (PTSD) have been shown to have various structural and functional differences in cortical regions associated with emotion regulation. However, little is known about the relationship between structural differences in these regions and posttraumatic stress symptoms assessed immediately following a traumatic event. Structural MRI scans were collected within three weeks of a motor vehicle crash resulting in traumatic injury. Cortical structural variables, including gray matter volume, surface area, and cortical thickness, were correlated with posttraumatic stress symptoms. The strongest relationships were observed for symptoms of avoidance of trauma-related cues. Increased avoidance at two to three weeks post-accident was associated with decreased structural cortical volume, surface area, and thickness in networks that support emotion regulation and processing, including paralimbic regions (parahippocampal gyrus, entorhinal cortex, superior temporal gyrus), orbitofrontal cortex, and the precuneus (r 's = $-.518$ to $-.620$). These findings indicate that individual variation in cortical structure in emotion processing regions and regions supporting self-referential processing are associated with symptoms of avoidance in the acute aftermath of a traumatic event.

FRI 286**The Impact of Exercise on PTSD Symptoms among OEF/OIF/OND Veterans**

(Abstract #1044)

Poster #FRI 286 (Clin Res, Acc/Inj, Health, Mil/Vets, Adult) M - Industrialized**Bosch, Jeane**¹, Weaver, Terri¹, Dinh, Julie², Neylan, Thomas³, McCaslin, Shannon⁴¹Saint Louis University, Saint Louis, Missouri, USA²San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA³San Francisco VA Medical Center and UCSF, San Francisco, California, USA⁴National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

Regular exercise has been shown to reduce risk for cardiovascular disease, diabetes, and obesity. Many studies have found that exercise lowers anxiety and depression; however, few studies have examined the impact on PTSD. This study examined the relationship between exercise (strength training, vigorous exercise and moderate/light exercise) and PTSD among OEF/OIF/OND veterans at baseline (T1) ($n=195$) and one year follow-up (T2) ($n=77$). Of these participants, 107 reported sustaining an injury during deployment, with 91 experiencing injury-related pain. PTSD symptoms (PCL-M) were significantly correlated with moderate/ light exercise ($r = -.193$, $p < .01$). Engaging in all three types of exercise was also significantly correlated with PTSD symptoms ($r = -.148$, $p < .05$). Multiple regression analyses demonstrated that more days engaged in moderate/ light exercise were associated with lower PTSD symptoms while controlling for age, gender, and injury status ($\beta = -.211$, $p < .01$). Engagement in moderate/light exercise and strength training was significantly associated with a decrease in PTSD symptoms, while engagement in more sedentary activities was significantly associated with an increase in PTSD symptoms from T1 to T2. Implications of these findings will be discussed, specifically with regard to injury, pain and PTSD.

FRI 287**Symptoms of Posttraumatic Stress Disorder after Traumatic and Stressful Life Events**

(Abstract #1765)

Poster #FRI 287 (Clin Res, Acute, Affect/Int, Anx, Cog/Int, Adult) M - Industrialized**van den Berg, Lisa**¹, Tollenaar, Marieke², Spinhoven, Philip², Penninx, Brenda³, Elzinga, Bernet²¹University of Leiden, Faculty of Social and Behavioural Sciences; Psychology., Leiden, Zuid-Holland, Netherlands²Leiden University, Leiden, Netherlands³University of Amsterdam, Amsterdam, Netherlands

Posttraumatic Stress Disorder (PTSD) is the only disorder in the DSM-V that requires an etiological factor (a traumatic event) for its diagnosis, the so called A1 criterion. However, studies showed that stressful life events can induce similar or even higher levels of PTSD symptoms. The current study sought to replicate and extend these findings using a large (partly) clinical sample of 1452 participants, by investigating the possible moderating role of gender and the mediating role of affective and cognitive reactions to traumatic and life events on PTSD symptom severity. Overall, intrusions, avoidance and arousal symptoms after life events were more severe than after traumatic events. There were no gender differences in PTSD symptom severity after life events ($M = 13.56$), while women reported significantly more PTSD symptoms after traumatic events ($M = 14.24$) than men ($M = 10.12$). These gender differences were partly explained by the enhanced perceived impact and anxiety experienced by women in response to traumatic events. This study shows that life events are associated with similar levels of PTSD symptoms as traumatic events in women and even higher levels in men. Our results indicate that treatment could focus more on PTSD symptom severity than on the A1 criterion.

FRI 289**Memory Centrality of a Distressing Event and its Effect on Post-Traumatic Stress Symptoms**

(Abstract #1915)

Poster #FRI 289 (Clin Res, Acute, Depr, Adult) M - Industrialized**Vermeulen, Mirjam**¹, Brown, Adam², Raes, Filip¹, Krans, Julie¹¹University of Leuven, Leuven, Vlaams-Brabant, Belgium²New York University School of Medicine, New York, New York, USA

Correlational research has shown that individuals who tend to place the memory of a traumatic event more central in their life-story experience more post-traumatic stress symptoms, rumination, and worry. In our experiment, the effect of a centrality Cognitive Bias Modification (CBM) training on centrality, symptoms of stress (specifically intrusions and avoidance), and symptoms of depression, mediated by worry and rumination, will be tested. Participants

were asked to bring to mind their most central negative life event as determined by the Centrality of Events Scale (Berntsen & Rubin, 2006). The centrality of this event was manipulated by a centrality CBM training. Participants were randomly assigned to a centrality CBM condition that aimed to decrease centrality, or a neutral CBM condition. Preliminary results showed that the centrality CMB training was able to decrease event centrality in participants who reported highly central negative life events. It was further investigated whether participants in the centrality CBM condition would report fewer post-traumatic stress symptoms compared to participants in the neutral condition. This study shows whether the centrality CBM training is effective in decreasing post-traumatic stress symptoms in healthy participants, which has the potential to inform future application of a centrality intervention in clinical practice.

FRI 290

The Relationship between Negative Expressivity, Anger, and PTSD Symptom Clusters

(Abstract #952)

Poster #FRI 290 (Clin Res, Affect/Int, Aggress, Adult) M - Industrialized

Claycomb, Meredith¹, Roley, Michelle¹, Contractor, Ateka¹, Dranger, Paula², Elhai, Jon¹

¹University of Toledo, Toledo, Ohio, USA

²Valparaiso University, Valparaiso, Indiana, USA

Emotional expressivity is important to human functioning, and represents the tendency and degree a negative emotion is expressed behaviorally. Since posttraumatic stress disorder (PTSD) is a complex disorder in which negative emotions and behaviors can manifest, it is useful to understand the relationship between PTSD symptom clusters, negative expressivity, and the role of different emotions in this relationship. Fifty-five adults seeking mental health services at a community mental health center completed the following measures: Stressful Life Events Screening Questionnaire, PTSD Checklist-5, Berkeley Expressivity Questionnaire, and Dimensions of Anger Reactions-5. Multiple regression analyses assessed strength between PTSD symptom clusters and negative expressivity. We investigated if anger mediated the relationship between PTSD symptom clusters and negative expressivity. Results revealed elevated PTSD intrusion symptoms predicted higher levels of negative expressivity ($\beta = -.556, p < .05$), while greater PTSD avoidance symptoms predicted lower negative expressivity ($\beta = .118, p < .01$). Anger mediated the relationship between intrusive symptoms and negative expressivity ($t = 2.528, p = .015$). This study emphasizes the importance of understanding roles of

negative emotions in maintenance of PTSD symptoms and the manifestation of anger expression in those with PTSD symptoms.

FRI 291

First Session Fear Activation and Response to Written Narrative Exposure

(Abstract #1839)

Poster #FRI 291 (Clin Res, Affect/Int, Bio/Int, Theory, Adult) M - Industrialized

Howell, Mary¹, Akeeb, Ameenat¹, Lavela, Joseph², Kobayashi, Ihori², Mellman, Thomas²

¹Howard University, Washington, District of Columbia, USA

²Howard University College of Medicine, Washington, District of Columbia, USA

Studies have observed that fear activation during therapeutic exposure promotes improvement. The present study evaluated whether this applied to written exposure and varied by trauma type. Twenty-three African-American participants with full or subthreshold ($n = 2$) PTSD participated in four, 30-minute writing sessions, 16 with index traumas that included physical or sexual assault and 9 with other index traumas, including car accidents and witnessing sudden violent death. The Clinician Administered PTSD Scale (CAPS) was administered at baseline and after sessions 2 and 4. Subjective Units of Distress (SUD) and heart rate were assessed during sessions. All participants had reduced PTSD severity at the final assessment ($M = 34.563, SD = 14.128; t(15) = 9.786, p < .000$). Stepwise regression revealed that maximum SUD score and baseline-corrected heart rate in the first writing session predicted the decrease from the baseline to the final CAPS, but only in participants with physical and sexual assault traumas, $F(2, 14) = 8.148, p < 0.05$. Activation of heart rate and SUD score predicted 76.5% of the variance in CAPS reduction in this subgroup. These preliminary data suggest the importance of fear activation applies to writing exposure, particularly among those who experienced direct assault.

FRI 292

Associations between Posttraumatic Stress and Mindfulness Facets in Acute-Care Psychiatric Inpatients

(Abstract #1333)

Poster #FRI 292 (Clin Res, Affect/Int, Clin Res, Cog/Int, Adult) M - Industrialized

Martin, Colleen¹, Abrams, Jocelyn¹, Amador, Christy¹, Reddy, Madhavi², Wardle, Margaret¹,

Vujanovic, Anka¹

¹University of Texas Medical School at Houston,
Houston, Texas, USA

²The University of Texas Health Science Center at
Houston, Houston, Texas, USA

Posttraumatic stress disorder (PTSD) is inversely associated with mindfulness and acceptance-based processes. Emerging studies suggest the clinical utility of mindfulness- and acceptance-based interventions for PTSD in acute-care psychiatric inpatient populations. The present study is the first to examine incremental associations between posttraumatic stress and 5 facets of mindfulness, per the Five Facet Mindfulness Questionnaire (FFMQ) in a low-income, inner-city, acute-care psychiatric population. It was hypothesized that posttraumatic stress symptom severity would be inversely associated with Acting with Awareness, Nonjudging, and Nonreactivity after controlling for covariates (number of psychiatric diagnoses, trauma exposure severity). Participants included 107 (28.1% women, Mage = 33.4, SD = 10.9; 30.4% Caucasian, 27.4% African-American, 16.3% Hispanic) psychiatric inpatients who endorsed DSM-5 PTSD Criterion A trauma exposure; data collection is ongoing. Participants completed self-report measures (Life Events Checklist, PTSD Checklist-5, FFMQ). Posttraumatic stress symptom severity was significantly incrementally (negatively) associated with Describing, Acting with Awareness, Nonjudging, and Nonreactivity (p 's < .01), contributing 8.4%-15.8% of unique variance across models. Clinical and research implications for brief mindfulness-based interventions will be discussed.

FRI 293

Multi-Method Study of Distress Tolerance and Posttraumatic Stress in Acute-Care Psychiatric Inpatients

(Abstract #1332)

Poster #FRI 293 (Clin Res, Affect/Int, Clin Res, Cog/Int, Theory, Adult) I - Industrialized

Amador, Christy¹, Abrams, Jocelyn¹, Martin, Colleen¹, Reddy, Madhavi², Wardle, Margaret¹, Vujanovic, Anka¹

¹University of Texas Medical School at Houston,
Houston, Texas, USA

²The University of Texas Health Science Center at
Houston, Houston, Texas, USA

Distress tolerance (DT), defined as the actual or perceived capacity to withstand negative emotional states, is a cognitive-affective factor that has received increasing attention due to its potential theoretical and clinical relevance to PTSD. Emerging literature has documented inverse associations between DT and

PTSD symptoms. The present study extends the literature to an acute-care psychiatric inpatient sample, comprised largely of a low-income, inner-city population. Three methods were used to measure DT: Mirror-Tracing Persistence Task, Breath-Holding Task (BH), and Distress Tolerance Scale (DTS). It was hypothesized that DTS and BH would be significantly associated with PTSD severity, above and beyond the variance contributed by trauma exposure severity and number of psychiatric diagnoses. Participants were comprised of 107 (28.1% women, Mage = 33.4) acute-care psychiatric inpatients who endorsed DSM-5 PTSD Criterion A trauma exposure. Participants completed the behavioral and computer DT tasks as well as a battery of self-report questionnaires. Self-reported DT was significantly incrementally associated with PTSD symptom severity as well as with each of the four DSM-5 PTSD symptom clusters (p 's < .001), contributing between 13.4% - 21.5% of unique variance in PTSD symptoms across models. Also, BH was significantly associated with intrusion symptoms (p < .01).

FRI 294

The Role of Distress Tolerance in Affective Responding to Script Driven Imagery among Trauma-Exposed Adults

(Abstract #1576)

Poster #FRI 294 (Clin Res, Affect/Int, Cog/Int, Adult) M - Industrialized

Knight, Carolina¹, Babson, Kimberly², Banducci, Anne N.³, Bonn-Miller, Marcel⁴, Feldner, Matthew⁵
¹Pacific Graduate School of Psychology at Palo Alto
University, Palo Alto, California, USA

²National Center for PTSD – Dissemination and
Training Division, VA Palo Alto Health Care System,
Menlo Park, California, USA

³University of Maryland, College Park, College Park,
Maryland, USA

⁴VA, Menlo Park, California, USA

⁵University of Arkansas, Fayetteville, Arkansas, USA

A breadth of research has examined the impact of distress tolerance on psychological symptoms across a range of disorders. However, very little work has investigated distress tolerance among trauma-exposed populations, with existing work exclusively focused on associations with retrospectively reported PTSD symptoms. This study sought to begin to fill this gap in the literature by examining the role of distress tolerance in terms of affective responding to personalized trauma-focused script-driven imagery within a sample of 44 trauma-exposed adults. We hypothesized that lower levels of distress tolerance would be associated with increased affective responding to a personalized trauma script, after controlling for baseline responding to a neutral script.

Results demonstrated that lower distress tolerance was associated with greater self-reported anger in response to the trauma script ($\beta = -.37$, $p = .01$), but not other forms of affective responding (i.e., sadness, anxiety, surprise, disgust, and happiness). Subsidiary analyses revealed that tolerance ($\beta = -.41$, $p = .001$) and regulation ($\beta = -.35$, $p = .02$) of distress were driving the observed association. Findings highlight the potential utility of distress tolerance-focused interventions for trauma-exposed adults.

FRI 295
Coping in Pregnant Women after Intimate Partner Violence
 (Abstract #1571)

Poster #FRI 295 (Clin Res, Affect/Int, Cog/Int, Complex, DV, Adult) I - Industrialized

Scheid, Caroline, Miller-Graff, Laura, Tull, Mary, Rice, Catherine
 University of Notre Dame, Notre Dame, Indiana, USA

Previous research has shown tremendous benefits associated with active coping for mothers who have experienced intimate partner violence (IPV). In contrast to passive coping strategies, mothers who draw on more active coping strategies experience fewer symptoms of PTSD, as well as better mental health. Given these benefits, research needs to focus on the fundamental building blocks of active coping as a regulatory behavior that can halt the onset of PTSD following IPV. In this study, participants included pregnant women, who were either exposed or not exposed to IPV ($n=27$, in collection), who completed surveys regarding PTSD symptoms and coping strategies. Preliminary results indicate that emotional support ($R=.478$, $p=.018$), instrumental support ($R=.521$, $p=.009$), reframing ($R=.667$, $p<.001$), and planning ($R=.776$, $p<.001$) are significantly correlated with active coping in mothers who have been exposed to IPV, and PTSD symptoms are positively related to more emotion-focused, passive coping strategies (i.e., venting, acceptance, behavioral disengagement; all of which are approaching significance and will likely become significant after further data collection). These basic connections enable researchers and practitioners to understand the rudimentary role of coping in the development of PTSD, thus informing effective treatments and prevention strategies.

FRI 296
The Role of Gender and Family Context in Understanding PTSD Symptom Profiles among Adults with a History of Childhood Sexual Abuse
 (Abstract #1575)

Poster #FRI 296 (Clin Res, Aggress, Anx, CSA, Intergen, Adult) - Industrialized

Cross, Dorthie¹, Powers Lott, Abigail¹, Bradley, Bekh²
¹Emory University School of Medicine, Atlanta, Georgia, USA
²Atlanta VAMC/Emory University, Decatur, Georgia, USA

The role of gender in understanding the relationship between childhood sexual abuse and adult aggressive behavior is explored in terms of abuse context (i.e., family vs. non-family perpetrator) and PTSD symptom cluster. A community sample of 3221 low-income, primarily African American men ($N=981$) and women ($N=2240$) provided self-reports of childhood maltreatment, PTSD symptoms, and adult aggressive behavior. An ANCOVA controlling for age and non-maltreatment trauma demonstrated a significant three-way interaction of male sex, PTSD avoidance symptoms, and familial sexual abuse in predicting adult aggressive behavior, $F=4.02$, $p<.05$, such that men sexually abused by family members reported more avoidance symptoms and less aggression, whereas men abused by non-family members reported less avoidance and more aggression. These results are discussed in terms of internalizing and externalizing responses to familial vs. non-familial sexual abuse in men and women. These data were augmented with an additional exploration of the relationship of childhood sexual abuse to aggressive parenting in women ($N=149$). Mothers with a history of sexual abuse reported significantly more hostility, $p<.05$, toward daughters than sons. The impact of sexual abuse on aggressive behavior is better understood when factors like gender, family context, and PTSD symptom profiles are taken into account.

FRI 297
Relation between Family Aggression and Disordered Eating Behaviors: Moderating Roles of the Parasympathetic Nervous System
 (Abstract #1375)

Poster #FRI 297 (Clin Res, Aggress, Bio Med, CPA, Bio/Int, Adult) M - Industrialized

Corneau, Gail, Bodisch, Jenna, Barry, Samantha, Tasca, Jessica, Szczypinski, Bridget, Gordis, Elana
University at Albany, State University of New York,
Albany, New York, USA

Family conflict is a risk factor for disordered eating (Hanna & Bond, 2006). A putative factor affecting the impact of aggression exposure is parasympathetic nervous system (PNS) activity (El-Sheikh et al., 2009). This study measured resting respiratory sinus arrhythmia (RSA), a PNS indicator, and disordered eating (DE) behaviors, childhood exposure to harsh parenting (HP), and interparental aggression (IPA) in 147 adults. The regression analysis examining main and interactive effects of HP, IPA, and RSA significantly predicted DE among males but not females. Among males, all two-way interactions were significant in predicting DE. RSA significantly moderated the relationship between IPA and DE in males, such that at high resting levels of RSA the relationship between IPA and DE was significant and positive. Additionally, the interaction between IPA and HP was significant in predicting DE, supporting previous studies that suggest compounding effects of exposure to multiple forms of aggression (Hahm et al., 2010). Literature indicates that individuals with high resting PNS activity may be more empathic and likely to emotionally engage during episodes of interparental aggression (Liew et al., 2011). This study suggests that males with high PNS activity may be a particularly sensitive group, perhaps due to emotional engagement during conflict.

FRI 298
Emotion Dysregulation Mediates the Relationship between Childhood Physical Abuse and Aggressive Behavior in a Low-income, African-American Sample
(Abstract #1509)

Poster #FRI 298 (Clin Res, Aggress, CPA, Comm/Int, Adult) I - Industrialized

Crow, Thomas¹, Dixon, Hayley¹, Ressler, Kerry¹, Bradley, Bekh²

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

²Atlanta VAMC/Emory University, Decatur, Georgia, USA

Childhood physical abuse (CPA) is a well-established risk factor for later aggressive behavior. Past research suggests that this relationship may be explained by PTSD (posttraumatic stress disorder), increased anger, hostility, and changes in self-perception as a result of childhood abuse. Past research has also highlighted the relationship between CPA and emotion dysregulation. The current study examined emotion dysregulation as a mediator of the

relationship between CPA and aggressive behavior in a large sample (n=3622) of mostly low-income African Americans. Higher levels of self-reported CPA were positively correlated with higher scores on a self-report measure of lifetime aggressive behavior ($r=.232$, $p<.001$), and higher levels of self-reported emotion dysregulation were positively correlated with both CPA scores ($r=.283$, $p<.001$) and with self-reported aggressive behavior ($r=.258$, $p<.001$). Bootstrapping analyses per methods established by Preacher and Hayes (2008) showed that this relationship was mediated in part by emotion dysregulation, even when covarying for PTSD scores, $a \times b = .009$, 95% CI [.005, .015]. These findings highlight the role of emotion dysregulation in relation to aggression and childhood abuse, and in so doing add to a growing body of literature on the importance of emotion dysregulation in psychopathology.

FRI 299
Interpersonal Aggression and Coping Styles in Military Veterans with PTSD
(Abstract #1891)

Poster #FRI 299 (Clin Res, Aggress, Mil/Vets, Adult) M - Industrialized

Wood, Alyssa, McCormick, Wesley, Currier, Joseph
University of South Alabama, Mobile, Alabama, USA

Interpersonal aggression is a notable concern among military Veterans (e.g., Jakupcak et al., 2007; Lenhardt et al., 2012). However, there is a deficit of research on the associations between interpersonal aggression and coping in help-seeking Veterans with PTSD. Learning more about these relationships may aid in understanding mechanisms that can be targeted in interventions to prevent and/or curb interpersonal violence in this population. In total, 490 Veterans from a residential program for PTSD completed the Brief COPE (assessing both positive and avoidant coping strategies; Carver, 1997), Conflict With Others Items, as well as self-report assessments of combat exposure (Combat Exposure Scale; Keane et al., 1989) and PTSD symptom severity (PTSD Checklist-Military Version; Weathers et al., 1993). Descriptive results indicated that up to 30% of this sample had engaged in various forms of interpersonal violence in the months preceding treatment (e.g., arguing, threatening violence, physical fighting). When controlling for both combat exposure and PTSD, we found a unique, concurrent association between avoidant coping and Veterans' probability to engage in violence with others, $\beta_s = 0.09$, $p = .049$. Findings suggest the importance of looking at the associations between interpersonal aggression and coping in this population. Further implications and findings will be discussed.

FRI 300**Reactions to Prolonged Exposure for PTSD among Patients with a Psychotic Disorder**
(Abstract #1317)**Poster #FRI 300 (Clin Res, Anx, Clin Res, Mil/Vets, Adult) M - Industrialized****Grubaugh, Anouk¹, Knapp, Rebecca¹, Ellis, Charles², Veronee, Kimberly³**¹Academic Medical Center, Charleston, South Carolina, USA²Academic Medical Center, Greenville, North Carolina, USA³VAMC, Charleston, South Carolina, USA

Objective: There are few empirical data regarding effective treatment of trauma-related symptoms among individuals with a psychotic disorder. This lack of data is significant because rates of trauma and PTSD are notably high among individuals with severe forms of mental illness (SMI), and the presence of PTSD can exacerbate the overall course of SMI. Method: Using mixed qualitative and quantitative methods, 14 veterans with a psychotic disorder were enrolled to receive prolonged exposure (PE) for PTSD using an open trial study design. Pre- and post-intervention quantitative outcomes included PTSD, depression, and quality of life. Post-intervention qualitative data were designed to better understand veterans' perceptions of the intervention, including any perceived benefits obtained and difficulties encountered. Results: Altogether, study data suggest that PE is feasible to implement, well-tolerated (i.e., not unduly distressing), and results in clinically significant decreases in PTSD. Conclusions: Parallel to PTSD treatment outcome studies using civilian and veteran samples, including those with other forms of SMI, the current data suggest that individuals with psychotic disorders can benefit from exposure-based interventions for PTSD. These data also highlight the need for large scale PTSD efficacy trials in this patient group.

FRI 301**Performance Validity, but Not PTSD, is Associated with Cognitive Performance in Iraq and Afghanistan War Era Veterans**
(Abstract #1453)**Poster #FRI 301 (Clin Res, Anx, Cog/Int, Mil/Vets, Adult) M - Industrialized****Miskey, Holly¹, McDonald, Scott², Shura, Robert¹, Pickett, Treven², Yoash-Gantz, Ruth¹, Rowland, Jared¹**¹Hefner (Salisbury) VA Medical Center, Salisbury, North Carolina, USA²Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA

Posttraumatic stress disorder (PTSD) has previously been associated with specific cognitive deficits; however, most studies omitted performance validity tests (PVTs). Two studies found initial differences in cognitive performance associated with PTSD that were no longer present when accounting for PVT performance (Demakis, Gervais, & Rohling, 2008; Wisdom et al., 2014). Objective: We examined the contribution of PTSD diagnosis and PVT outcome (evaluated by the Word Memory Test [WMT]) to performance on cognitive testing. Participants: Of the 212 Veterans, 20.8% failed the WMT and 37.7% met criteria for PTSD on the Structured Clinical Interview for DSM-IV Disorders. Results: PTSD predicted poorer fine motor dexterity ($p = .001$), but did not predict poorer verbal learning or memory, processing speed, working memory, or inhibition. WMT failure predicted slower processing speed ($p = .043$) and poorer verbal learning ($p < .001$), memory ($p < .001$), working memory ($p = .012$), and dexterity ($p < .001$), but did not predict response inhibition. PTSD predicted dexterity above and beyond WMT failure ($p = .003$). Conclusions: Contrary to previous research, PTSD was not associated with performance on cognitive testing, while PVT failure significantly predicted lower scores on most measures. Results further support inclusion of validity measures in research utilizing cognitive testing.

FRI 302**Intimate Couple Relationships and PTSD: A Phenomenological Analysis of Resiliency in National Guard Couples Experiencing PTSD Symptoms over Time**
(Abstract #1715)**Poster #FRI 302 (Clin Res, Anx, Complex, Fam/Int, Mil/Vets, Adult) M - Industrialized****Guty, Derrick¹, Blow, Adrian¹, Gorman, Lisa², Huebner, Angela³, Kees, Michelle⁴, Guty, Danielle²**
¹Michigan State University, East Lansing, Michigan, USA²Michigan Public Health Institute, Okemos, Michigan, USA³Virginia Tech, Falls Church, Virginia, USA⁴University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA

Existing research suggests military service members, compared to their civilian counterparts, experience higher rates of PTSD symptoms and relational difficulties but very little research has examined the effects of trauma over time on intimate couple relationships. The present study examines family resilience and relational functioning in the presence of

service members' PTSD symptoms (i.e., re-experiencing, avoidance, and hyper vigilance) over the course of two years. The study included National Guard service members who met or exceeded a common threshold of PTSD symptoms according to the PCL-M (PTSD Checklist-Military Version) and their spouses. 17 couple qualitative in-person interviews were analyzed where the service member met the threshold for moderate to high PTSD symptoms. Using descriptive phenomenological analysis, study findings describe the experiences and couple processes involved in living with PTSD post deployment, and how these experiences were less stressful over time in some cases, and more stressful in other cases. The findings describe coping processes for couples jointly and for spouses specifically as well as implications for clinical intervention.

FRI 303
Posttraumatic Growth and PTSD Symptoms:
The Role of Depressive Cognitions
 (Abstract #980)

Poster #FRI 303 (Clin Res, Anx, Depr, Adult) I - Industrialized

Kramer, Lindsay, Silverstein, Madison, Weathers, Frank
Auburn University, Auburn, Alabama, USA

Research examining the association between posttraumatic growth (PTG) and posttraumatic stress disorder (PTSD) is mixed, with some studies finding a nonsignificant association but others finding a positive association (Salsman, et al., 2009; Dekel, et al., 2012). The current study examined the role of depressive cognitions as a mediator of the association between PTG and PTSD. Participants were 166 trauma-exposed undergraduates who completed the PTSD Checklist for DSM-5 (PCL-5), Posttraumatic Growth Inventory (PTGI), and Personality Assessment Inventory (PAI). They were divided into high and low PTG groups based on the PTGI. The high PTG group had significantly greater PTSD symptom severity ($t[164] = -4.31, p < .01$), but also had significantly lower depressive cognitions on the PAI ($t[164] = -2.55, p = .012$). Further, depressive cognitions partially mediated the association between PTG group and PTSD symptom severity. Results suggest that although higher PTG is associated with greater PTSD symptom severity, PTG is associated with lower levels of depressive cognitions, which can function as a buffer against PTSD symptoms. Consistent with cognitive theories of PTSD, individuals with a less depressogenic cognitive style may reinterpret the trauma through a more flexible perspective. Limitations include cross-sectional design and reliance on retrospective self-report.

FRI 304
Relationship between Resilience,
Posttraumatic Stress Disorder, and Alcohol
Consumption in OEF/OIF Veterans
 (Abstract #1857)

Poster #FRI 304 (Clin Res, Assess Dx, Chronic, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Sheth, Diti¹, Hawn, Sage¹, Brown, Ruth², Hummel, Katie², McDonald, Scott³, Amstadter, Ananda²
¹*Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia, USA*
²*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA*
³*Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA*

Post-traumatic stress disorder (PTSD) is highly associated with alcohol misuse among combat-exposed individuals. Resilience has been demonstrated to play a protective role against alcohol abuse. The current study aimed to test whether self-reported resilience significantly moderated the relationship between PTSD symptom severity and average number of drinks consumed per week in a sample of OEF/OIF combat veterans ($N=109$, $Mage=29.14$, $SD=4.11$) from an ongoing NIAAA-R01 (PI: Amstadter). Assessments included Clinician Administered PTSD Scale (CAPS), Connor-Davidson resilience scale (CD-RISC), Timeline Followback Questionnaire (TLFB), and a demographic questionnaire. CAPS severity score, CD-RISC, and their interaction were entered into a hierarchical regression predicting alcohol consumption, controlling for age. Although the overall model was significant ($F(4,104)=2.91, p=0.03$), results indicated that PTSD was the only significant predictor of alcohol outcomes ($\beta=0.25, t=2.63, p=0.01$). The additional variance in alcohol use resulting from the inclusion of the moderator term in the final step trended towards significance ($\Delta R^2=0.03, F(1,104)=3.25, p=.07$). These results suggest that veterans with PTSD consider themselves highly resilient, and yet they may be drinking to cope, which has important clinical implications.

FRI 305
Traumatic Dissonance: Construct and Scale
Development
 (Abstract #1302)

Poster #FRI 305 (Clin Res, Assess Dx, Complex, Res Meth, Theory, Adult) M - N/A

Williamson, Rachel, Reed, David, Wickham, Robert
Palo Alto University, Palo Alto, California, USA

The evolving conceptualization of Posttraumatic Stress Disorder reflects ongoing debate regarding the development of symptoms related to psychological trauma. The most recent iteration of the disorder in the DSM-5 broadened Criterion A's definition of an index trauma, making possible its application to individuals experiencing symptoms related to their own act of perpetration. The concept of perpetrator trauma has a small presence in empirical research; however, the theoretical framework and generalizability remains underdeveloped. The current research aims to develop a theoretically sound definition and measurement that has generalizability across diverse populations. The theory of Cognitive Dissonance is used to understand the mechanism of perpetrator trauma. It is hypothesized that unresolved dissonance relating to a violation of one's symbolic source of self-esteem and meaning, i.e. belief system, represents a traumatic experience that can produce significant psychological distress. This hypothesis forms the basis of the Traumatic Dissonance Scale (TDS), a 15-item self-report measure. Data collection is ongoing and includes both online and in-person samples. Preliminary Exploratory Factor Analysis (N=477) confirmed the hypothesized 3-factor model. Implications and recommended applications of this construct and scale are discussed.

FRI 306
Prevalence, Factor Structure, and Comorbidity of DSM-5 PTSD: Integrating Classification with Clinical and Scientific Knowledge
 (Abstract #1371)

Poster #FRI 306 (Clin Res, Assess Dx, Depr, Mil/Vets, Adult) M - Industrialized

Gentes, Emily¹, Hicks, Terrell², Neal, Lydia³, Dennis, Paul⁴, Kimbrel, Nathan⁵, Calhoun, Patrick⁶

¹Durham VA Medical Center/VISN 6 MIRECC, Durham, North Carolina, USA

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

³Institute for Medical Research, Durham, North Carolina, USA

⁴Duke University Medical Center & Durham Veterans Affairs Medical Center, Durham, North Carolina, USA

⁵Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA

⁶Durham VA Medical Center, VISN 6 MIRECC, Duke University School of Medicine, Durham, North Carolina, USA

Changes to DSM have aimed to bring the classification of PTSD in line with clinical and scientific observations of its symptom structure. Many

individuals seeking treatment for trauma-related issues may not meet DSM-5 criteria, or may struggle with other disorders that share symptom domains with PTSD (e.g., intrusions, avoidance). However, there has been limited research on the prevalence, factor structure, and comorbidity of DSM-5 PTSD. The present research used a clinical interview to assess PTSD among a sample of veterans (N = 414). Thirty-seven percent met DSM-5 criteria compared to 38% when DSM-IV criteria were used. Differences in rates of diagnosis were primarily attributable to changes to Criterion A and the separation of "avoidance" and "numbing." Depression was highly comorbid with both DSM-IV and DSM-5 PTSD, but the comorbidity rate was higher using DSM-5. Confirmatory factor analysis was used to compare the 3-factor DSM-IV model to the 4-factor DSM-5 model, a 4-factor "dysphoria" model, and a 5-factor model. The 5-factor model provided the best fit, although support was also found for the 4-factor DSM-5 model. Findings suggest the DSM-5 model of PTSD is an improvement over the DSM-IV model and results in similar prevalence and comorbidity rates. Findings will be discussed in terms of treatment and specific symptom domains that may affect comorbidity.

FRI 307
Posttraumatic Stress Symptoms and Alcohol Use Problems in Combat Veterans: The Role of Moral Injury
 (Abstract #967)

Poster #FRI 307 (Clin Res, Assess Dx, Sub/Abuse, Mil/Vets, Adult) M - Industrialized

Charak, Ruby¹, Claycomb, Meredith², Byllesby, Brianna³, Elhai, Jon², Pietrzak, Robert⁴

¹VU University, Amsterdam, North Holland, Netherlands

²University of Toledo, Toledo, Ohio, USA

³University of Toledo, Department of Psychology, Toledo, Ohio, USA

⁴Yale University School of Medicine, National Center for PTSD, West Haven, Connecticut, USA

Veterans exposed to combat often face many moral and ethical challenges, such as witnessing of death and killing of others. These kinds of challenges, which can transgress deeply held beliefs and expectations, can have detrimental effects on a veteran's psychological health and well-being (Litz et al., 2009). In line with the self-medication theory, one behavioral manifestation of moral injury and posttraumatic stress is the use of alcohol as a coping mechanism. We hypothesized that moral transgression would mediate the relationship between PTSD symptoms and severity of alcohol use problems. Participants included a nationally representative sample of 399 combat-exposed U.S. military veterans from the

National Health and Resilience in Veterans Study (NHRVS). Participants completed the following measures: Combat Exposure Scale, PTSD Checklist-5, Moral Injury Events Scale, and the Alcohol Use Disorders Identification Test-10. Results indicated that 5.3% of veterans met the diagnostic criteria for DSM-5 PTSD. Results showed that greater PTSD symptoms were related to increased alcohol use problems and this association was partially explained by severity of moral transgression ($b = 0.13$, $p < .05$). Assessment of PTSD symptoms and transgression-based moral injury may aid clinicians in identifying veterans at greater risk for alcohol use problems.

FRI 308
Greater Hippocampal Volume is Associated with better PTSD Treatment Response to Prolonged Exposure Therapy
 (Abstract #1288)

Poster #FRI 308 (Clin Res, Bio Med, Cog/Int, Adult) M - Industrialized

Rubin, Mikael¹, Shvil, Erel¹, Papini, Santiago², Markowitz, John¹, Mann, J. John¹, Neria, Yuval¹
¹Columbia University and New York State Psychiatric Institute, New York, New York, USA
²City College of the City University of New York, New York, New York, USA

Smaller hippocampal volume is commonly associated with PTSD diagnosis in trauma-exposed individuals. However, the relationship between hippocampal volume and treatment response is relatively understudied. We hypothesized that larger hippocampal volume at baseline would be associated with better treatment response to 10 weeks of Prolonged Exposure therapy (PE). Freesurfer5.1 was used to extract hippocampal volumes from T1-weighted MRI structural images from patients who met DSM-IV criteria for PTSD ($n=51$) and trauma-exposed controls without PTSD ($n=37$). All participants were assessed with the Clinician Administered PTSD Scale (CAPS). A one-way ANOVA comparing pre-treatment hippocampal volume (as a percentage of total brain volume) between treatment responders ($n=27$), treatment non-responders (including dropouts; $n=23$), and trauma exposed healthy controls ($n=37$), showed a significant effect of Group, $F(2, 84)=3.947$, $p=.02$. Post-hoc analyses showed greater hippocampal volume in the responders (30% reduction or more in baseline CAPS score) and healthy controls relative to the non-responders (for both $p < .02$). There was no difference between responders and healthy controls, $p=.89$. Total brain volume showed no group differences. These findings suggest a relationship between hippocampal volume and the efficacy of PE treatment, a first line treatment for PTSD.

FRI 309
Incremental Effects of Betrayal Trauma and Borderline Personality Disorder on Suicide Risk

(Abstract #666)

Poster #FRI 309 (Clin Res, Chronic, Clin Res, Adult) I - Industrialized

Yalch, Matthew, Bernard, Nicola, Levendosky, Alytia
 Michigan State University, East Lansing, Michigan, USA

There is a strong association between the experience of trauma and increased risk of suicide. Traumatic experiences high in betrayal in particular may contribute to suicide risk because the element of interpersonal betrayal leads to more severe posttraumatic stress responses. Recent studies have also highlighted the influence of personality on suicide risk. For example, research indicates that borderline personality disorder (BPD) is an influential predictor of suicide, which BPD researchers suggest is due to a temperamental tendency to react self-destructively in response to stress. BPD is also associated with exposure to betrayal trauma, which raises the possibility that the proposed association between betrayal trauma and suicide risk may be better accounted for by BPD, although this has not yet been tested. In this study we examine the incremental effects of betrayal trauma and BPD on suicide risk in a college sample ($N = 915$) using a Bayesian approach to multiple regression. Results indicate that both betrayal trauma and BPD exhibit credible effects on suicide risk, although traumas low in betrayal do not. These findings suggest that betrayal trauma and BPD provide independent influences on increased risk of suicide. These results clarify research on the possible contributors to suicide risk, which may be used clinically to predict suicidality among trauma survivors.

FRI 310
Do Gratitude and Moral Elevation Buffer the Effects of Trauma on Psychological Well-Being?: Examining this Relationship in Sex-Trafficked Women Compared With Controls
 (Abstract #1910)

Poster #FRI 310 (Clin Res, Chronic, Comm/Vio, Complex, Global, Adult) I - Industrialized

Scarsella, Gina, Rudolph, Marissa, Tingey, Jamie, Kramarevsky, Oxana, Patton, Kaitlin, Erickson, Thane
 Seattle Pacific University, Seattle, Washington, USA

Cognitive models of PTSD emphasize attention to possible threat, negative social cognition, and

behavioral avoidance in the development and maintenance of symptoms. In contrast, elevation and gratitude are socio-moral emotions theorized to facilitate attention to positive features of one's social context and prosocial approach behavior. However, no research has examined the relevance of positive moral emotions in the well-being of women escaping "the life" of sex-trafficking, who may be prone to PTSD symptoms and low levels of these positive emotions. In line with the broaden-and-build theory of positive emotion, which posits that positive emotions buffer against negative emotions by expanding cognitive processes and behavioral repertoires, we tested trait gratitude and elevation as predictors of well-being, as well as moderators of the negative effects of PTSD on well-being, using multiple regression analyses. We interviewed 20 females at an urban drop-in center for sex-trafficked women and 20 controls. We found that gratitude and moral elevation significantly moderate this relationship in the control sample but that only gratitude was significant in sex-trafficked women. Implications for the empowerment and treatment of sex-trafficked women will be discussed, including potential adaptations of existing gratitude and elevation interventions for this specific population.

FRI 311

Negative Self-worth/image mediates the Relationship between Sexual Abuse and PTSD Symptoms among IPV Survivors

(Abstract #932)

Poster #FRI 311 (Clin Res, Chronic, DV, Adult) M - Industrialized

Tran, Han, Dodson, Thomas, Woodward, Matthew, Henschel, Aisling, Eddinger, Jasmine, Beck, J Gayle
University of Memphis, Memphis, Tennessee, USA

IPV-related sexual abuse has been shown to relate to PTSD symptoms uniquely, beyond the influence of physical violence. This study examined negative self-worth and negative self-image as a possible mediating factor to account for the association between sexual abuse and PTSD symptoms. The sample included 136 women who had experienced IPV and ranged in age from 19 to 75 ($M = 37.56$, $SD = 12.44$). Participants completed questionnaires as part of a larger study examining women's responses to IPV. To assess negative self-worth and negative self-image, a composite variable of negative self-based thoughts and feelings was formed, consisting of shame, negative posttraumatic cognitions about the self, and guilt cognitions. Results indicated that the composite negative self-worth/image variable mediated the association between sexual abuse and PTSD symptoms, $R^2 = .29$, $F(2, 133) = 26.84$, $p < .001$. Evidence for the significance of the indirect

effect was additionally provided by bootstrapping analyses, 95% CI [.027, .099]. The indirect effect contributed 69.6% to the total effect. Results suggest that sexual abuse influences PTSD symptoms by negatively affecting one's self-image and self-worth. Greater attention to the role of negative self-worth/image in association with PTSD appears warranted.

FRI 312

Chronic Trauma and the Father-Toddler Relationship: a Multiple Mediation Model

(Abstract #1815)

Poster #FRI 312 (Clin Res, Chronic, Fam/Int, Adult) M - Industrialized

Hose, Shari, Raveau, Hasti, Moran, Kayla, Zundel, Clara, Dorman, Hillary
Wayne State University, Detroit, Michigan, USA

Most literature about the association between trauma and the father-child relationship focuses on trauma from acute sources, such as service in the military. Few studies, however, examine how chronic trauma, such as neighborhood and domestic violence, affects the father-toddler relationship. The current study investigated the relationship between chronic trauma and the father-toddler relationship, and whether the mother-father relationship and/or fathers' parenting stress mediates this association. Secondary data was analyzed from 632 families of 36-month old children from the National Early Head Start Research and Evaluation Project (EHSREP; Love et al., 2005). The proposed multiple mediation sequence, tested using PROCESS, was supported ($R^2 = .276$, $F(4, 627) = 59.690$, $p = .000$). Results indicated that the relationship between chronic trauma and the father-toddler relationship is mediated through mother-father relationship ($\beta = .163$, $p = .0042$) and father's parenting stress ($\beta = .354$, $p = .000$), when controlling for income. Findings reveal the importance of addressing the co-parenting relationship and parenting stress to reduce the negative impacts of trauma on the father-toddler relationship.

FRI 313

Trauma Sequelae Uniquely Predict Components of Self-reported Sleep Dysfunction

(Abstract #1299)

Poster #FRI 313 (Clin Res, Chronic, Health, Sleep, Mil/Vets, Adult) M - Industrialized

DeGutis, Joseph¹, Chiu, Christopher¹, Thai, Michelle¹, Milberg, William², McGlinchey, Regina³, Esterman, Michael¹

¹Boston VA Healthcare System, Boston, Massachusetts, USA

²Harvard Medical School at the VA Boston Healthcare System, Boston, Massachusetts, USA

³Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts, USA

While the association between post-traumatic stress disorder (PTSD) symptoms and sleep dysfunction is well-established, studies have not fully explored the contribution of additional trauma-related sequelae to sleep dysfunction. We aimed to clarify the unique contribution of trauma sequelae to different aspects of self-reported sleep problems. 283 trauma-exposed deployed OEF/OIF Veterans underwent a comprehensive psychological/physical evaluation. To characterize the underlying structure of sleep complaints, we conducted confirmatory factor analyses on the Pittsburgh Sleep Quality Index (PSQI). We found 3 factors underlie PSQI scores: Sleep Efficiency (sleep efficiency and sleep duration), Perceived Sleep Quality (sleep quality, sleep latency and sleep medication) and Daily Disturbances (sleep disturbances and daytime dysfunction). We conducted linear regressions and found significant independent associations between PTSD, anxiety, depression, and cardiometabolic symptoms with Sleep Efficiency; associations between PTSD, anxiety, and age with Perceived Sleep Quality; and associations between PTSD, depression, and pain with Daily Disturbances. Our findings suggest that while PTSD symptomology strongly predicts poor sleep in trauma-exposed individuals, additional clinical variables related to psychological and physical stress also independently contribute to sleep dysfunction.

FRI 314

Compartmentalized Self-Organization and Perceived Fragmented Self-Knowledge in Individuals with Dissociation Proneness

(Abstract #949)

Poster #FRI 314 (Clin Res, Clin Res, Adult) M - Industrialized

Wong, Hon Lam¹, Chiu, Chui-De², Chang, Jen Ho³

¹The Chinese University of Hong Kong, Hong Kong, China

²Chinese University of Hong Kong, North Territory, Hong Kong SAR, China

³National Taiwan Normal University, Taipei City, Taiwan, China

Disruption in the perceived integrity of self-aspects appears to be a feature of dissociation. In dissociative

identity disorder, an extreme manifestation of dissociation, there exists separate identity sets of unique physiological profiles and self-knowledge. While dissociation proneness as a non-pathological trait shares atypical cognitive control with dissociative disorders, it is unknown whether altered sense of self is also an attribute of dissociation proneness. Dissociation may involve a rudimentary deficit in the coherency of self-knowledge and multiplicity of self-aspects. Nonclinical participants with high, middle, and low dissociation proneness were recruited to test the hypothesis. The self-descriptive card-sorting task and the self-concept clarity scale were administered to measure the multiplicity of self-aspects and the perceived coherency of self-concepts respectively. Our results showed the number of perceived self-aspects was comparable among the three groups. However, in the high-DES group higher proportion of negative descriptors was found across self-aspects and the distributions of positive and negative descriptors were drastically different among various self-aspects. Dissociators also endorsed their self-knowledge as more inconsistent, incoherent, and unstable. The results supported altered sense of self may be a rudimentary component of dissociation.

FRI 315

A Comparison among Veterans of PTSD with and without Co-Occurring AUD on Measures of Heart Rate Variability

(Abstract #1943)

Poster #FRI 315 (Clin Res, Clin Res, Bio/Int, Sub/Abuse, Adult) M - N/A

Ray, John¹, Pyne, Jeffrey²

¹Central Arkansas Veterans Health Care System & University of Arkansas for Medical Sciences, North Little Rock, Arkansas, USA

²Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, USA

Research showing that Veterans with PTSD tend to display lower values on important heart rate variability (HRV) indices suggests HRV may be a promising biomarker for PTSD. Alcohol Use Disorder (AUD) is also associated with reduced HRV and is prevalent among Veterans with PTSD, yet very little research exists on this comorbid population in the area of HRV. This pilot study (n = 76), examined resting HRV in Veterans with either PTSD or co-occurring PTSD and AUD. A differential pattern of HRV was observed between groups, such that HRV characteristically declined with age in the PTSD-only group, but stayed level in the PTSD-AUD group. When common HRV covariates were added to the model, including Gender, Race, Anxiety (MINI Generalized Anxiety scale), Depression (PHQ-9), and Traumatic Brain Injury (DOD Post-Deployment Health Assessment TBI

Scale), only Gender and Race reduced variance accounted for by the Age-AUD interaction to non-significance. These results are consistent with research supporting HRV as an objective, observable and measurable biomarker for PTSD, and extend it by suggesting that HRV's utility as a biomarker of psychological dysregulation cuts across traditional diagnostic categories of PTSD and AUD. Limitations and implications for future research will be discussed.

FRI 316

Self-Regulation of Threat in Posttraumatic Stress Disorder: Associations between Inhibitory Control and Dissociative Symptomatology
(Abstract #1996)

Poster #FRI 316 (Clin Res, Clin Res, Cog/Int, Neuro, Adult) M - N/A

Melara, Robert¹, Hien, Denise¹, Ruglass, Lesia², Fertuck, Eric¹, Southard, Matthew³, Nicholson, Ronald¹

¹City College of the City University of New York, New York, New York, USA

²City College of the City University of New York, Brooklyn, New York, USA

³CUNY-The City College of New York, New York, New York, USA

The current study investigated links between Posttraumatic Stress Disorder (PTSD) symptom severity and electrophysiological (ERP) responses to irrelevant stimuli in a modified version of the visual flanker task. Participants with and without PTSD discriminated line orientations while ignoring temporally flanking lines and images depicting threatening or non-threatening scenes or faces. We found that participants diagnosed with PTSD exhibited good inhibition of distractors (ERP Rejection Positivity) during threatening (versus non-threatening) blocks of trials, relative to participants exposed to trauma but without PTSD. PTSD participants also showed relatively greater suppression of stimulus conflict (difference in ERP N2 component between congruent and incongruent stimuli) on threat trials. Yet good inhibitory control was associated with greater symptom severity in the PTSD participants, particularly with regard to feelings of depersonalization. By contrast, in participants exposed to trauma but without PTSD, greater distractor inhibition was associated with less depersonalization and less avoidance/emotional numbing. The results suggest a link between prefrontal regulation of distraction and dissociative symptoms in PTSD.

FRI 317

Associative Factors of Depressive Symptoms among Fukushima Nuclear Plant Workers 14-15 Months Post-Disaster: The Fukushima NEWS Project Study
(Abstract #834)

Poster #FRI 317 (Clin Res, Clin Res, Depr, Nat/Dis, Tech/Dis, Adult) M - Industrialized

Takahashi, Sho¹, Shigemura, Jun², Takahashi, Yoshitomo¹, Nomura, Soichiro², Yoshino, Aihide², Tanigawa, Takeshi³

¹University of Tsukuba, Tsukuba, Ibaraki, Japan

²National Defense Medical College, Tokorozawa, Saitama, Japan

³Juntendo University, Tokyo, Tokyo, Japan

Introduction: The 2011 Fukushima nuclear disaster substantially affected the plant workers' mental health, especially from social criticism owing to their company's post-disaster management issues. Methods: To elucidate associative factors of depression (as measured by Center for Epidemiologic Studies Depression Scale [CES-D]) among Fukushima nuclear plant workers (n=1188), they were longitudinally assessed 2-3 months (T1) and 14-15 months (T2) post-disaster. Independent variables included demographics, T1 disaster exposure experience, perceived social criticism, anxiety related to health/living/work, and work motivation at T2 (0-100 scales). Multiple regression analysis (Model 1) was conducted to identify CES-D/covariate relations. In Models 2 and 3, psychological distress (K6) and posttraumatic stress symptoms (IES-R) scores were respectively entered as independent variables to adjust for current mental health status. Results: In all models, depressive level was positively associated with decreased work motivation and higher perception of social criticism. Model 2 explained highest variance (adjusted R², .60; work motivation: adjusted β , -.16; p=.002; social criticism: adjusted β , -.66, p=.009, K6: adjusted β , .66, p<.001). Conclusion: Decreased work motivation and higher perception of social criticism was associated with the Fukushima nuclear plant workers' depression.

FRI 318

Coping Strategy as a Predictor of Psychological Outcomes in Recently Bereaved, Middle-Aged Spouses
(Abstract #1583)

Poster #FRI 318 (Clin Res, Clin Res, Clinical Practice, Death, Depr, Adult) I - Industrialized

Goldenthal, Hayley, Wittlin, Natalie, Reddy, Madhavi, Kaplow, Julie

The University of Texas Health Science Center at Houston, Houston, Texas, USA

Approximately 267,000 women who are widowed each year in the U.S. are under the age of 45. Nevertheless, studies of bereaved spouses have focused primarily on older adults, and few have explored specific coping strategies as predictors of psychological outcomes in middle-aged spouses. As part of a larger, longitudinal study of bereaved families, our primary objective was to examine bereaved parents' coping styles in the immediate aftermath of spousal death in relation to future PTSD and depression. The sample consisted of 39 recently bereaved parents (82.1% mothers; 17.9% fathers; mean age = 36.69). Dimensions of coping (COPE Questionnaire; Carver et al., 1989) were measured at baseline, and symptoms of PTSD (Stress Checklist; Weathers et al., 1993) and depression (Beck Depression Inventory; Beck et al., 1996) were assessed at a six-month follow-up. Denial ($r = 0.44$, $p = 0.05$) was positively associated with future PTSD ($r = .45$, $p = .05$) and depression ($r = .40$; $p = .01$). In contrast, Acceptance was inversely correlated with future PTSD ($r = -0.39$, $p = 0.01$). Behavioral Disengagement was positively correlated with future depression ($r = 0.40$, $p = 0.01$). Implications for risk screening and intervention among bereaved spouses will be discussed.

FRI 319
Effectiveness of Integrated VA Residential Treatment for PTSD Due to Military Sexual Trauma

(Abstract #2031)

Poster #FRI 319 (Clin Res, Clin Res, Rape, Adult) M - Industrialized

Keith, Jessica, Griffin, Gina, Wescott, Lea
Bay Pines VA Healthcare System, Bay Pines, Florida, USA

An estimated 24% of female and 1% of male veterans presenting for VA care report military sexual trauma (MST; VA, 2013), an experience linked to multiple detrimental outcomes (Kimmerling et al., 2007). Understanding of how to best treat veterans suffering from MST's impact is emerging, with research indicating Cognitive Processing Therapy (CPT) is effective (Mullen et al., 2014; Suris et al, 2013; Walter et al., 2014). This study aimed to extend understanding of treatment for MST by examining the effectiveness of an 8 week, mixed-gender residential program for PTSD due to MST. Veterans attending this program engaged in twice weekly individual evidence-based treatment for PTSD (CPT or Prolonged Exposure Therapy) plus educational and skills building groups and recreational therapy. Pre-

and post-treatment scores on the PCL-C and CES-D were compared for 73 Veterans, 34 men and 33 women. Preliminary paired samples t-tests indicate that mean PCL-C scores and CES-D scores fell significantly from pre- to post-treatment (PCL score change of 18 points, $p < .001$; CES-D score change of 4 points, $p < .05$). No significant differences in outcome were observed for males versus females. This study provides evidence for the effectiveness of integrated, evidence-based VA residential treatment for military sexual trauma. Moderators of outcome and implications for clinical care will be discussed.

FRI 320
Tai Chi for PTSD: Lessons Learned from Qualitative Data
 (Abstract #1228)

Poster #FRI 320 (Clin Res, Clin Res, Res Meth, Adult) M - N/A

Polizzi, Craig¹, Niles, Barbara², Mori, DeAnna³, Pless Kaiser, Anica³, Ledoux, Annie⁴, Wang, Chenchen⁵

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

²VA Boston Healthcare System, National Center for PTSD, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA

³VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA

⁴VA Boston Healthcare System, Boston, Massachusetts, USA

⁵Tufts Medical Center, Boston, Massachusetts, USA

Using qualitative data collected from a feasibility study of Tai Chi for Veterans with Posttraumatic Stress Disorder (PTSD), this project aims to identify key areas for improvement in the development of future interventions. Seventeen Veterans with symptoms of PTSD completed a pilot Tai Chi intervention in two cohorts. Following participation, all Veterans were individually interviewed by study personnel about their impressions of the intervention. Interviews were transcribed and qualitative data were analyzed by a committee of reviewers. Feedback from the first cohort of Veterans was used to modify the procedures for the second cohort, which led to improved adherence in the second cohort. Themes that emerged from the interviews suggest that: (1) participants are comfortable with a group size of about 6 or 7; (2) participants appreciate individualized attention while in a group; (3) the intervention runs more smoothly if a staff member is present in the group room with the Tai Chi instructor; and (4) home practice can be enhanced if audiovisual instruction is provided, and if staff provide guidance and follow up. The iterative coding and analysis of qualitative

data in this study informed our strategies for maximizing adherence and facilitating engagement with the Tai Chi intervention.

FRI 321

Threats to the Relationship: An Examination of Therapeutic Alliance during Prolonged Exposure in the Treatment of a Comorbid PTSD and SUD Population

(Abstract #1582)

Poster #FRI 321 (Clin Res, Clin Res, Sub/Abuse, Adult) I - Industrialized

Pedersen, Annelisa¹, Hien, Denise²

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

²Adelphi University, Derner Institute, Garden City, New York, USA

Prolonged exposure has emerged as a highly effective method of treating PTSD, yet for some it is aversive to the point of being contraindicated. To date, few studies have considered how the use of prolonged exposure for PTSD may impact therapeutic alliance, and therefore additionally impact treatment outcomes. This study introduces a novel look into this area by investigating how alliance may be affected in a treatment using prolonged exposure with a comorbid PTSD and SUD population. This study draws upon data from a randomized clinical trial assessing the relative efficacy of two active treatment conditions for individuals with substance dependence who additionally meet criteria for DSM-IV PTSD. The current study examines early therapeutic alliance (using the SWAI-O) as a predictor of treatment outcomes and also examines within-dyad changes in therapeutic alliance from early treatment to the initiation of prolonged exposure mid-treatment, and whether or not such changes are additionally associated with treatment outcomes. Correlational analyses and hierarchical linear modeling will be used to test hypotheses. It is expected that results will be consistent with previous findings linking the strength of early alliance with outcomes; and furthermore that the hypothesis linking negative within-dyad changes in therapeutic alliance with weaker outcomes will be supported.

FRI 322

Sexual Self Schema Changes across Cognitive Processing Therapy

(Abstract #1363)

Poster #FRI 322 (Clin Res, Cog/Int, Rape, Adult) I - Industrialized

Boeck, Renee¹, Blain, Leah², Galovski, Tara¹

¹University of Missouri St. Louis, St. Louis, Missouri, USA

²Chase Brexton Health Care, Columbia, Maryland, USA

Sexual concerns disproportionately affect assault survivors and research indicates that women's sexual self-schemas may mediate the relationship between sexual dysfunction and sexual abuse, independent of anxiety and depression (Meston, Rellini, & Heiman, 2006). Interestingly, posttraumatic cognitions (self-blame, self, and others/world) were associated with sexual self-schema in a pre-treatment assessment of treatment-seeking assault survivors (Blain, Galovski, & Peterson, 2011) and changes in posttraumatic cognitions predict outcomes of evidence based treatment for PTSD (Foa & Rauch, 2004). This study examined the impact of Cognitive Processing Therapy (CPT) on the sexual self-schemas of 22 female interpersonal assault survivors who completed an NIH-funded efficacy trial. We explored the relationships between these schemas, PTSD and depression symptoms, and posttraumatic cognitions (using the Sexual Self-Schema Scale, CAPS, BDI-II, and PTCI). As expected, women's sexual self-schemas improved over the course of treatment, while PTSD and depression symptoms decreased ($F = 70.79$, $p < .001$, $\eta^2p = .076$). However, change in sexual self-schema scores was not significantly correlated with change in PTSD, depression, or posttraumatic cognitions from pre-treatment to follow-up ($r = -.15$ to $-.23$, $p = .49$ to $.30$). Implications for future research and treatment will be discussed.

FRI 323

Daily Effects of PTSD Severity and Alcohol Consumption on Self-Appraised Drinking Problems in a PTSD Sample with Comorbid Alcohol Dependence

(Abstract #1492)

Poster #FRI 323 (Clin Res, Cog/Int, Sub/Abuse, Adult) I - Industrialized

Wilson, Sarah, Krenek, Marketa, Browne, Kendall, Yard, Samantha, Simpson, Tracy
VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA

Alcohol dependence (AD) and posttraumatic stress disorder (PTSD) are highly comorbid, yet limited research has focused on PTSD and daily drinking as they relate to self-assessed drinking problems. For clinicians, a patient's appraisal of drinking problems has implications for assessment, treatment strategies, and prognosis. This study investigates the moderating effect of PTSD on the association between daily drinking and same-day, self-appraised drinking

problems. Participants with comorbid AD and PTSD (N = 86) completed one week of Interactive Voice Recognition data collection. Generalized estimating equations predicting daily drinking problems revealed main effects for daily drinks, daily PTSD symptoms, weekly mean drinks and weekly PTSD severity. Weekly (but not daily) PTSD severity moderated the daily relationship between drinking and drinking problems. Those with mild/moderate PTSD showed a positive daily relationship between drinking and drinking problems while those with severe PTSD rated their daily drinking problems as high regardless of drinks consumed. The non-contingent estimation of drinking problems among those with severe PTSD calls for further investigation of potential mediators of this effect. In a clinical care context, these findings suggest the utility of functional analysis of drinking behaviors for patients with AD and severe PTSD symptomatology.

FRI 324

Posttraumatic Growth: An Antecedent and Outcome of Posttraumatic Stress. Cross-Lagged Associations among Individuals Exposed to Terrorism

(Abstract #1161)

Poster #FRI 324 (Clin Res, Cog/Int, Terror, Adult) M - Global

Blix, Ines, Birkeland, Marianne, Hansen, Marianne, Heir, Trond
Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Oslo, Norway

There is a gap in the literature concerning the temporal course and bidirectional relationship of posttraumatic growth (PTG) and posttraumatic stress symptoms. This longitudinal study investigated PTG and posttraumatic stress in individuals directly exposed to the 2011 Oslo bombing (n=240). To investigate the relationships between PTG and posttraumatic stress 10 (T1) and 22 (T2) months after the bombing, a cross lagged autoregressive model was applied. High levels of posttraumatic growth at T1 were associated with high levels of posttraumatic stress at T2. Furthermore, high levels of posttraumatic stress at T1 were associated with high levels of posttraumatic growth at T2. The association between posttraumatic growth and stress declined from 10 to 22 months and was not significant after 22 months. These findings indicate that PTG may be both a consequence and antecedent of posttraumatic stress, and that PTG may contribute to maintain post-traumatic stress symptoms.

FRI 325

The Relative Contributions of Perceived Social Support and Morale to the Development of Posttraumatic Stress Symptoms in Police Officers Responding to Protests in Ferguson, Missouri

(Abstract #1484)

Poster #FRI 325 (Clin Res, Comm/Vio, Adult) M - N/A

Beagley, Marin, Strasshofer, David, Held, Philip, Peterson, Zoe, Galovski, Tara
University of Missouri St. Louis, St. Louis, Missouri, USA

Social support has been widely established as a fundamental protective factor against the development of posttraumatic stress symptoms (PTSS) in trauma-exposed individuals. Within law enforcement, department morale has similarly been shown to protect against pathological trauma reactions. This study sought to identify the relative contributions of perceived social support and departmental morale to the development of PTSS in police officers responding to riots in Ferguson, Missouri. A multiple regression (n = 154) confirmed our hypothesis that perceived social support (b = -0.221, p = .005) and morale (b = -0.250, p = .001) significantly predicted PTSS. As the majority of police officers endorsed decreased morale after the Ferguson events, follow-up tests were conducted to assess for differences in PTSS, depression, and anger as functions of high or low perceived social support among officers with decreased morale. Officers endorsing higher social support outside of the police department reported lower PTSS and depressive symptoms, despite experiencing decreased departmental morale. Perceived social support did not influence anger. The importance of basic social support as a protective factor against poor outcomes following traumatic experiences that deplete law enforcement morale cannot be understated.

FRI 326

Impact of Discrimination and Traumatic Life Events on Risk for Child Maltreatment

(Abstract #1986)

Poster #FRI 326 (Clin Res, CPA, Clin Res, Cul Div, Neglect, Adult) I - Industrialized

Lee, Pahoua, Vincent, Gabrielle, Clausen, Brittany, Pinna, Keri
St. Catherine University, St. Paul, Minnesota, USA

Evidence suggests that adverse circumstances may increase risk for child maltreatment (Alink, Euser, van IJzendoorn, & Bakermans-Kranenburg, 2013; Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015; Riina & McHale, 2010). Such evidence has implications for interventions seeking to prevent child maltreatment and its recidivism. The present research examined the relation of discrimination and traumatic life events to risk for maltreatment. Twenty parents were engaged in a feasibility trial of an evidence based parenting program for parents involved with Child Protective Services, due to concern of possible maltreatment. Parents completed self report measures of discrimination (Every Day Discrimination), and traumatic life events (Modified Life Events Checklist). Preliminary results suggest that trauma history predicts elevated beliefs in corporal punishment, despite parenting intervention, when controlling for levels of discrimination $\beta = -.69$, $p = .05$. In contrast, discrimination predicted poorer empathy towards the child, despite parenting intervention, when controlling for levels of trauma $\beta = -.42$, $p = .01$. Implications for the results will be discussed in the context of the very small sample size, and reliance on parent report.

FRI 327

Differential Effects of Child Abuse on Schizotypal Personality Disorder Symptoms (Abstract #1226)

Poster #FRI 327 (Clin Res, CPA, Complex, Dev/Int, Adult) I - Industrialized

Thomas, Katherine¹, Yalch, Matthew², Powers Lott, Abigail³, Hopwood, Christopher²

¹Purdue University, West Lafayette, Indiana, USA

²Michigan State University, East Lansing, Michigan, USA

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

Contemporary theories of schizotypal personality disorder (SPD) highlight the developmental role of child abuse, and research consistently indicates an association between child abuse and SPD symptoms. Recent studies suggest that emotional neglect and abuse experienced as a child are particularly influential in the development of SPD as an adult, although these results have not yet been replicated. In this study, we examine the association between child abuse (physical, emotional, and sexual) and neglect (physical and emotional) with SPD symptoms in a college sample ($N = 545$) using a Bayesian approach to multiple regression to address significant skew and kurtosis in the data. Results indicate that emotional abuse is the only credible predictor of SPD symptoms in this sample, exhibiting a medium-sized effect above and beyond other forms of child abuse.

These results extend previous findings on the association between child abuse and SPD and further underscore the importance of emotional abuse on the subsequent development of SPD.

FRI 328

Examining the Mediating Role of Experiential Avoidance in the Relation between Physical and/or Sexual Abuse and Negative Affect following Stress Induction

(Abstract #2048)

Poster #FRI 328 (Clin Res, CPA, CSA, Adult) M - Industrialized

Steele, Ashton¹, Smith, Noelle², Weitzman, Meara¹, Meuret, Alicia¹

¹Southern Methodist University, Dallas, Texas, USA

²National Center for PTSD / Yale School of Medicine, West Haven, Connecticut, USA

History of both physical and sexual abuse is associated with a general risk for increased negative affect (NA) following later stressful experiences. This study aims to examine EA as a mediator in the relation between history of experiencing physical and/or sexual abuse and NA following a psychological stressor- the Trier Social Stress Test (TSST; Kirschbaum, Pirke, & Hellhammer, 1993). The sample included 70 undergraduate students and participants from the community. Participants completed questions about demographic variables, physical and sexual abuse history, and EA, then a 5 minute quiet sitting (QS) and the TSST as a part of a larger experimental protocol. After controlling for NA during the QS, the direct relationship between abuse and NA following TSST was significant ($B=6.48$, $p=.005$). The indirect pathway was such that abuse was related to increased EA ($B=11.74$, $p<.001$), and increased EA was related to increased NA following the TSST ($B=.575$, $p<.001$). EA fully mediated the relation between a history of abuse and NA following the psychosocial stressor ($B=3.475$, $p=.08$, R^2 change=.244). One clinical implication of this finding is that treatments aimed at decreasing EA could be efficacious in long-term reduction of NA following psychosocial stress for survivors of abuse.

FRI 329

Deconstructing Patient Characteristics Associated with Worse Initial Reactions to the Initiation of Imaginal Exposure in PTSD (Abstract #2061)

Poster #FRI 329 (Clin Res, CPA, CSA, Clin Res, Depr, Adult) M - N/A

Walker, Rosemary¹, Zoellner, Lori¹, Jaeger, Jeff¹, Duax, Jeanne², Feeny, Norah³

¹University of Washington, Seattle, Washington, USA

²University of Michigan / VA Healthcare System, Ann Arbor, Michigan, USA

³Case Western Reserve University, Cleveland, Ohio, USA

Objective: Clinical complexities seen in PTSD such as diagnostic co-occurrence and complicated childhood abuse histories may require different treatment procedures than exposure therapy (e.g., Scott & Stradling, 1997). Indeed, individuals with such complex presentations may have poor emotion regulation and therapeutic alliance building skills, resulting in increased fear or distress at the start of imaginal exposure (IE) (e.g., Cloitre et al., 2004). **Method:** In a sample of 116 men and women with chronic PTSD who were undergoing exposure-based treatment, we examined whether these forms of clinical complexity were associated with worse reactions to IE. **Results:** Individuals with co-occurring major depression, multiple co-occurring disorders, a target trauma of childhood sexual abuse, or a history of childhood abuse generally reported functionally equivalent levels of peak distress at the onset of IE as those without these characteristics. Similarly, these complexities did not consistently translate into higher dropout rates, more symptom exacerbation, or poorer homework adherence after the onset of IE. **Conclusions:** Our findings argue against clinicians' concerns that IE is poorly tolerated in individuals with PTSD presenting with common clinical complexities (Becker et al., 2004), suggesting that individuals with these complexities react similarly to the initiation of IE.

FRI 330

Attachment Insecurity Mediates the Effects of Intimate Partner Violence and Childhood Maltreatment on Depressive Symptoms in Adult Women

(Abstract #1542)

Poster #FRI 330 (Clin Res, CPA, Depr, DV, Psych, Adult) I - N/A

Smagur, Kathryn, Bogat, G. Anne, Levendosky, Alytia
Michigan State University, East Lansing, Michigan, USA

Women who experience intimate partner violence (IPV) are at increased risk for depressive symptoms. Adult attachment insecurity, which often leads to depressive symptoms following relational distress, may explain this relationship. However, attachment style develops early in life, making it crucial to consider childhood experiences, such as child

maltreatment (CM), which contribute to adult attachment insecurity. Negative internal working models resulting from CM may be enhanced by IPV in adulthood. The current study of adult women (n=206) examined the main effects of CM and IPV, as well as the interaction between CM and IPV, on depressive symptoms, and tested attachment insecurity as a mediator of each of these associations. Structural equation models indicated that CM and IPV both exhibited main effects on depressive symptoms, and attachment insecurity fully mediated each of these associations. The interaction between CM and IPV did not predict attachment insecurity or depressive symptoms. IPV may help maintain attachment insecurity rather than increase it. This relationship also may vary depending on the types of CM and IPV experienced. Results highlight the importance of assessing for childhood trauma in understanding adult women's risk for depressive symptoms. Attachment insecurity may be an important focus of treatment for depressed women experiencing IPV.

FRI 331

A Pilot Evaluation of a Web-based Acceptance and Commitment Therapy (ACT) Program for Interpersonal Trauma Related Problems

(Abstract #1860)

Poster #FRI 331 (Clin Res, CSA, DV, Rape, Tech, Adult) I - Industrialized

McLean, Caitlin¹, Fiorillo, Devika², Follette, Victoria¹

¹University of Nevada, Reno, Nevada, USA

²Emory University School of Medicine, Atlanta, Georgia, USA

Web-based interventions have received attention as being feasible and effective for various disorders, however examination for problems related to interpersonal trauma is limited. Research has demonstrated a link between experiential avoidance and increased distress in trauma survivors (Orcutt et al., 2005; Polusny et al., 2004; Gratz et al., 2007; Rosenthal et al., 2005). ACT which targets experiential avoidance is found to be effective in the treatment of several disorders, but there is limited research on ACT for trauma. This pilot evaluation assesses a six-session web-based ACT intervention for women with a history of interpersonal trauma delivered over a six-week period. Participants were 22 women (age M=37.7, SD=14.7) who experienced on average six types of trauma, including rape (86.4%), attempted rape (63.6%), and child physical abuse (59.1%). Changes were assessed pre- to post-treatment on PTSD Symptom Checklist (PCL-5), Trauma Symptom Inventory (TSI), Depression and Anxiety Stress Scale (DASS), and psychological flexibility (AAQ-II). Analyses indicated that participants

reported increases in functioning, including reduced symptoms of PTSD (estimate=-18.34, SE=3.26, $t(18.23)=-5.63$, $p<.001$, Cohen's $d=-1.36$). This pilot study suggests that a web-based ACT intervention may be an effective mode of delivery for the treatment of problems related to interpersonal trauma.

FRI 332

Worldview as a Predictor of Health Risk Behavior following Sexual Victimization: Moderated Mediation in an Ethnically Diverse Community Sample

(Abstract #1482)

Poster #FRI 332 (Clin Res, CSA, Health, Rape, Adult) I - Industrialized

Dodd, Julia, Littleton, Heather
East Carolina University, Greenville, North Carolina, USA

There are multiple consequences of sexual victimization, including depression, negative worldview, and risky behaviors. This study aimed to advance understanding of these interrelationships by examining a model where depression is presumed to mediate the relationship between worldview (self-worth and benevolence) and risk behavior (drinking and multiple partners) and sexual victimization is presumed to moderate this relationship. Participants ($N = 585$) were primarily lower income African-American (63.6%) women recruited from an OB-GYN waiting room. Women with a sexual victimization history reported more hazardous drinking, $\chi^2(1, N = 566) = 10.6$, $p < .005$, and past-year partners, $t(556) = 2.34$, $p < .05$, than non-victims. Bootstrapping mediation analyses supported that depression was a significant mediator in both hazardous drinking models. However, only the benevolence model was significant for the past-year partner models. Sexual victimization history was a significant moderator of the relationship between self-worth and depression, and depression and past-year partners. Thus, findings supported that among those with a victimization history, low self-worth is more strongly associated with depression and, further that depression is more strongly related to having more partners. Implications for health risk behavior interventions are discussed.

FRI 333

Emotion Regulation among Survivors of Lifetime Sexual Violence: The Impact of PTSD on Emotion Reduction, Reactivity, and Expressivity

(Abstract #1580)

Poster #FRI 333 (Clin Res, CSA, Rape, Adult) I - Industrialized

Eshelman, Lee¹, McConnell, Amy¹, Messman-Moore, Terri¹, Dykstra, Rita², DiLillo, David², Gratz, Kim³

¹Miami University, Oxford, Ohio, USA

²University of Nebraska - Lincoln, Lincoln, Nebraska, USA

³University of Mississippi Medical Center, Jackson, Mississippi, USA

Survivors of sexual violence are at increased risk for developing emotion dysregulation and PTSD. Emotion dysregulation can interfere with PTSD treatment, and improvement in emotion regulation skills predicts PTSD symptom reduction. Effective emotion regulation involves emotion reduction, modulated affect reactivity, and emotional expression. This study aims to examine how PTSD impacts these facets of emotion regulation among 460 community women (61% Caucasian) who completed surveys on lifetime sexual violence (i.e., child sexual abuse, adult rape), PTSD (SCID-IV diagnosis), emotion reduction, affect reactivity, and emotional expressivity. ANOVA results revealed survivors of lifetime sexual violence with PTSD (PTSD+SV; $n=70$) have lower emotion reduction skills and greater negative affect reactivity/intensity compared to survivors of lifetime sexual violence without PTSD (PTSD-SV; $n=173$) and women without lifetime sexual violence (nonSV; $n=217$), and lower positive expressivity than nonSV. PTSD-SV also reported greater negative affect reactivity/intensity than nonSV. As expected, findings indicate that while lifetime sexual violence is associated with emotion dysregulation, the presence of PTSD appears to increase the likelihood that sexual violence survivors will have more impaired emotion regulation. Implications for future research and intervention will be discussed.

FRI 334

IPV and Gender Cultural Norms among Guatemalan College Students

(Abstract #1581)

Poster #FRI 334 (Clin Res, Cul Div, DV, Fam/Int, Adult) I - Latin Amer & Carib

Weber, Stefanie, Garigipati, Rathna, Thelemaque, Tanisha, Weaver, Terri
Saint Louis University, Saint Louis, Missouri, USA

Intimate partner violence (IPV) is a world-wide public health issue which impacts 1 in 3 women during their lifetime. Guatemala is frequently cited as having one of the highest IPV prevalence rates among Latin American countries. The purpose of this study was to assess gender differences among IPV-related items

within a Guatemalan college sample to understand attitudes regarding family and cultural norms related to violence within the home. The sample ($N = 97$; 57.6% female; $M = 20.37$ years) completed a self-report battery assessing the cultural gender norms of machismo and marianismo, IPV, and mental health. Results showed that there were significant differences on IPV-related items which determined attitudes about the familial structure in Guatemala, in that males placed high importance on establishing oneself as the "boss" and women placed importance on not disclosing or seeking help for violence within the home. Based on these results regarding gender norms, the current study also explored differential gender norms and acceptability regarding machismo and marianismo in Guatemala. The role of potential differing levels of traumatic stress due to IPV based on these gender norms, and implications for treatment and clinical relevance was discussed. Key words: IPV, cultural norms, Guatemala, gender differences

FRI 335
Prevalence of Poor Sleep Quality and Posttraumatic Stress Disorder among Women Living in Domestic Violence Shelters
 (Abstract #1750)

Poster #FRI 335 (Clin Res, Depr, DV, Sleep, Adult) I - N/A

Facemire, Vanessa¹, Johnson, Dawn¹, Palmieri, Patrick²

¹University of Akron, Akron, Ohio, USA

²Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio, USA

Poor sleep quality and nightmares are very common amongst those diagnosed with posttraumatic stress disorder (PTSD) (Kilpatrick et al., 1998; Maher et al., 2006). In general, relationships among sleep disturbances (SD), PTSD, and depression in trauma survivors are acknowledged to be present, though they are likely complex (e.g., Clum, Nishith, & Resick, 2001; Krakow et al., 2001). However, researchers have noted a paucity of empirical research examining relationships between SD, PTSD, and other mental health factors specifically in women experiencing intimate partner violence (IPV). The current study examines the prevalence of PTSD, depression, and SD among a group of women living in a domestic violence shelter due to recent exposure to IPV. The sample includes 53 women recruited from battered women's shelters in the Midwest. Sleep quality was measured objectively utilizing specialized actigraphic sleep watches. Results revealed 96% of the sample met criteria for PTSD ($M=68.88$, $SD=19.96$) and 68.7% met criteria for moderate to severe depression ($M=23.93$, $SD=10.72$). Participants slept an average of 6.05 hours per night ($SD=1.82$), had an average

sleep onset latency of 38 minutes ($SD=34.8$), had an average sleep efficiency rating of 76.43% ($SD 13.67$), and were awake an average of 40.65 ($SD=23.02$) minutes after sleep onset. Implications of these results will be discussed.

FRI 336
The Influence of Self-compassion and Symptoms of PTSD and Depression on Quality of Life over Time in War Veterans
 (Abstract #2012)

Poster #FRI 336 (Clin Res, Depr, QoL, Mil/Vets, Adult) M - Industrialized

Meyer, Eric¹, Kimbrel, Nathan², DeBeer, Bryann¹, Morissette, Sandra¹, Gulliver, Suzy³

¹VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA

²Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA

³Texas A&M Health Science Center, Waco, Texas, USA

PTSD and depression are strongly negatively associated with quality of life (QOL). An emerging literature links self-compassion (SC) with a range of mental health outcomes and QOL. SC is comprised of three components that emerge when facing emotional distress: mindful awareness of suffering, a sense of common humanity, and turning kindness inward. Importantly, SC appears to be modifiable via targeted interventions. Our objective was to examine whether SC predicted QOL over time after accounting for PTSD and depression symptoms. Trauma-exposed war veterans ($N = 107$) completed the CAPS for DSM-IV and self-report measures of depression, SC, and QOL. QOL was re-assessed at 1-year follow-up. In hierarchical regression analyses, a factor score comprised of PTSD and depression symptom severity was entered first, followed by SC. At baseline, PTSD-depression was strongly associated with QOL, and SC accounted for unique variance in QOL ($\Delta R^2=.03$, $p=.005$). At follow-up, PTSD-depression predicted QOL and SC predicted unique variance in 1-year QOL ($\Delta R^2=.07$, $p=.001$). The magnitude of the relationship between SC and QOL increased over time relative to the relationship between PTSD-depression and QOL. These findings underscore the importance of how people relate to experiencing emotional distress following trauma exposure and support the rationale for interventions that seek to increase SC.

FRI 337**Variables Impacting the Trajectory of Posttraumatic Stress Disorder in Survivors of Intimate Partner Violence**

(Abstract #371)

Poster #FRI 337 (Clin Res, DV, Sub/Abuse, Adult) I - Industrialized**Fedele, Katherine, Johnson, Nicole, Shteynberg, Yuliya, Sanders, Sarah, Caldwell, Jennifer, Johnson, Dawn***University of Akron, Akron, Ohio, USA*

Intimate partner violence (IPV) is a pervasive social problem, as approximately one in four women report a history of IPV. Research has found that posttraumatic stress disorder (PTSD) occurs in approximately 64% of women who experience IPV. Studies have found that women who abuse substances are more likely to experience IPV. At the same time, experiencing IPV is associated with greater substance use. Research has shown strong associations between PTSD, substance use disorder (SUD), and IPV. However, little research on comorbid SUD-PTSD has been explored longitudinally, especially with survivors of IPV. The current presentation will highlight findings from a naturalistic prospective study of 147 residents of battered women's shelters. Participants were assessed during shelter, and 1-week, and 3 and 6-months after leaving shelter. Preliminary analyses utilizing growth curve modeling reveal SUD to be a significant predictor of PTSD symptoms in survivors of IPV over time, with survivors reporting lifetime SUD experiencing significantly greater symptoms of PTSD across follow-up, as compared to survivors' without lifetime SUD. Further, lifetime SUD appears to predict PTSD symptomology across time, above and beyond a diagnosis of Borderline Personality Disorder and/or Major Depressive Disorder. Clinical implications of these findings will be discussed.

FRI 338**An Exploration of Racial and Ethnic Differences in Symptom Presentation and Treatment Outcome in Female Veterans with PTSD**

(Abstract #1604)

Poster #FRI 338 (Clin Res, Ethnic, Mil/Vets, Adult) I - Industrialized**Lunney, Carole, Schnurr, Paula***VA National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

Prior research has revealed racial and ethnic differences in the prevalence of PTSD, PTSD

symptom severity, treatment dropout, and treatment outcome. Less is known about whether the profile of PTSD symptom expression differs across ethnoracial groups. This study examined whether PTSD symptom presentation and treatment outcomes differed by race/ethnicity in a sample of female Veterans (n=277) and active duty personnel (n=7) with PTSD. Participants were randomly assigned to receive 10 weeks of either Prolonged Exposure or Present-Centered Therapy. Race/ethnicity was coded as White (n=155), African American (n=93), Hispanic (n=17), and Other/multiracial (n=19). Before treatment, Hispanic participants had higher numbing symptoms and African American participants had higher hyperarousal symptoms relative to White and Other/multiracial participants. African American participants had lower odds of having a service-connected PTSD disability than White or Hispanic participants. Contrary to prior findings, there were no racial/ethnic differences in number of completed treatment sessions, odds of treatment completion or loss of diagnosis, or pre-posttreatment symptom change, nor did race/ethnicity moderate the effect of treatment type for any of these outcomes. Possible explanations for divergence from past findings and implications for assessment and treatment planning will be discussed.

FRI 339**The Buffering Power of Overt Socially Supportive and Unsupportive Behaviors from the Significant Other on Post-Traumatic Stress Disorder Individuals' Emotional State**

(Abstract #1687)

Poster #FRI 339 (Clin Res, Fam/Int, Bio/Int, Adult) M - Industrialized**Guay, Stéphane¹, Nachar, Nadim¹, Lavoie, Marc², Marchand, André³, O'Connor, Kieron¹**¹*Université de Montréal & Centre d'Etude du Trauma, Montreal, Quebec, Canada*²*Université de Montréal et Centre d'Etude sur le Trauma, Montreal, Quebec, Canada*³*Université du Québec à Montréal, Centre d'Etude sur le Trauma & Laboratoire d'Etude du Trauma, Montreal, Quebec, Canada*

Results from our previous studies have demonstrated that a trauma-oriented social interaction triggered heart rate reactivity, which was associated with PTSD and overall perceived social support. Objective: In the present study, we aimed to assess the buffering power of overt socially supportive and unsupportive or negative behaviors from the significant other (i.e. received social support), in a group with PTSD and a group with other anxiety disorders. Methods: A total of 46 individuals with PTSD and 42 individuals with another anxiety disorder completed diagnostic

interviews and an anxiety-oriented social interaction with a significant other. Heart rate of anxious individuals was continuously measured during this interaction and overt social behaviors from the significant other were recorded on videotape and coded using a validated system. Results: Changes in heart rate during a trauma-oriented social interaction correlated negatively with changes in overt socially supportive behaviors from the significant other ($R^2 = .44$, $F(5, 38) = 5.88$, $p = .00$), while changes in overt unsupportive social behaviors from the significant other did not yield any significant correlation. Conclusion: Further studies are needed to understand further the impact of social support on PTSD.

FRI 340

An Examination of Relationship Satisfaction and PTSD among Veterans and Romantic Partners Enrolled in the Post-9/11 Caregiver Program

(Abstract #1724)

Poster #FRI 340 (Clin Res, Fam/Int, Mil/Vets, Adult) I - Industrialized

McGinn, Meghan, Sones, Heather, Jakupcak, Matthew, **Hoerster**, Katherine, Stryczek, Krystel
VA Puget Sound Healthcare System, Seattle, Washington, USA

The Comprehensive Assistance for Family Caregivers of Post-9/11 Veterans Program, developed in 2011, provides support to caregivers of veterans who have sustained a serious physical or psychological injury (e.g., PTSD) during post-9/11 service. The majority of designated caregivers are the veteran's romantic partner. Since prior research has associated higher PTSD symptoms with lower relationship satisfaction and increased psychological distress in the partner (Taft, et al., 2011), the present study sought to evaluate these associations in Caregiver Program participants who have the additional responsibility of caregiving for their veteran partner. It provides preliminary data from a sample of survey respondents enrolled in the VA Puget Sound Post-9/11 Caregiver Program prior to July 2013. Among those dyads in which the romantic partner was the designated caregiver, mean relationship satisfaction for caregivers ($n=64$) and veterans ($n=51$) was in the satisfied range. Caregiver and veteran relationship satisfaction were unrelated to veteran PTSD symptom severity, but were positively associated with veteran's number of social supports ($p<.05$). Higher veteran PTSD severity was associated with more frequent utilization of mental health services by caregivers ($p<.05$). Potential implications and future research recommendations, including longitudinal assessment, will be discussed.

FRI 341

Gender Differences in the Indirect Effects of Deployment Sexual Harassment on Romantic Relationship Outcomes through PTSD and Depression Symptomatology

(Abstract #1864)

Poster #FRI 341 (Clin Res, Fam/Int, QoL, Rape, Mil/Vets, Adult) I - Industrialized

Taverna, Emily¹, **Smith, Brian**², **Street, Amy**³, **Fox, Annie**⁴, **Vogt, Dawne**²

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

²National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

³National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA

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

Current literature on military-related sexual harassment has given much attention to its psychological correlates; however, there has been little research on how mental health symptomatology may mediate the relationship between military sexual harassment and interpersonal consequences, specifically romantic relationship functioning and satisfaction. Deployment sexual harassment and mental health symptoms were assessed in 376 male and female OEF/OIF veterans within two years of return from deployment. Relationship functioning and satisfaction were assessed two years later. We used gender-moderated mediation analyses with bootstrapping to examine indirect effects. PTSD significantly mediated the effect of deployment sexual harassment on relationship functioning for both men ($ab = -2.35$, $CI = -5.13, -.88$) and women ($ab = -.62$, $CI = -1.14, -.31$), but only mediated the effect on relationship satisfaction in men ($ab = -.40$, $CI = -1.67, -.11$). In women only, depression played a mediating role for both functioning ($ab = -.31$, $CI = -.58, -.12$) and satisfaction ($ab = -.14$, $CI = -.30, -.04$). Results suggest that postdeployment mental health symptoms play a mechanistic role in linking deployment sexual harassment exposure and postdeployment relationship outcomes. Study findings have implications for both mental health treatment and family services to help prevent and address relationship problems.

FRI 342**Protective Factors against PTSD in OEF/OIF Veterans Exposed to Combat Trauma**

(Abstract #1365)

Poster #FRI 342 (Clin Res, Health, Mil/Vets, Adult) I - Industrialized**Brown, Emily**¹, Lind, Mackenzie², Brown, Ruth², McDonald, Scott³, Thomas, Suzanne⁴, Amstadter, Ananda²¹Virginia Commonwealth University, Richmond, Virginia, USA²Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA³Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA⁴Medical University of South Carolina, Charleston, South Carolina, USA

Rates of combat-trauma and PTSD among OEF/OIF veterans have been reported to be very high. Few studies have examined positive factors that may protect veterans from developing PTSD. This poster examines the role that coping skills, self-reported resilience, and social support play in predicting PTSD status in a population of combat-trauma exposed OEF/OIF veterans controlling for combat trauma load. Participants were 115 trauma-exposed OEF/OIF veterans (N=115, mean age= 29.6), with 33.9% meeting criteria for DSM-IV PTSD. Participants completed a variety of self-report measures including coping skills (COPE), social support (DRRI), and resilience (CDRISC) and were assessed for PTSD via the CAPS. The results of a logistic regression revealed that lower levels of post-deployment social support significantly increased the odds of meeting criteria for PTSD (OR= 1.084, 95% CI=1.012-1.161, p=.022), as did combat trauma load (OR= 1.207, 95% CI=1.048-1.389, p=.009). Resilience, positive coping skills, and unit support were not found to be significant predictors. Data collection is ongoing and final analyses will be presented. These results suggest that within this population, post-deployment social support plays a critical role above and beyond self-perceived coping and resilience when buffering against the development of PTSD in combat veterans.

FRI 343**Clinical PTSD Treatment Response with Accelerated Resolution Therapy for Patients with and without Prior Mental Health Treatments with First-Line Evidence-Based Theories**

(Abstract #1316)

Poster #FRI 343 (Clin Res, Mil/Vets, Adult) I - Industrialized**Miedema, Joy**, Kip, Kevin, Girling, Sue
University of South Florida, Tampa, Florida, USA

Post-traumatic stress disorder (PTSD) persists in many veterans despite receiving first-line evidence-based psychotherapies. Accelerated Resolution Therapy (ART) is an emerging therapy for PTSD that has shown empirical evidence of efficacy. We compared PTSD treatment response among 3 groups of veterans: those without prior psychotherapeutic treatment for PTSD (n=26), those with a history of CBT alone (n=16), and those who had received at least two first-line evidenced-based psychotherapies (i.e. CBT, EMDR, PE; n=10). Groups were similar on presenting characteristics, most were male (p=0.5490), white (p=0.6408), and with mean age of 42.2±12.5 years. Mean PCL-M score prior to treatment was nominally higher in those with a history of multiple evidence-based psychotherapies (64.4±10.4) compared to those with no prior history of psychotherapeutic treatment for PTSD (61.0±14.0). By protocol, all veterans were treated with ART for 1-5 sessions. For the 3 groups defined above, mean reduction on the PCL-M post-ART was -26.5±18.9, -21.7±16.3, -19.1±14.7, respectively (p=0.45). Rate of response, defined as ≥10 point reduction on the PCL-M, was 84.6%, 75.0%, and 70.0%, respectively (p=0.50). These data indicate that ART is effective in treating veterans with and without a history of PTSD treatment by first-line evidence-based psychotherapies.

FRI 344**Biological Attributions for Post-Deployment Distress Relates to Likelihood of Seeking Help in Veterans**

(Abstract #1772)

Poster #FRI 344 (Clin Res, Mil/Vets, Adult) M - Industrialized**Blais, Rebecca**¹, Renshaw, Keith², **Christensen, Danielle**³¹Department of Veterans Affairs, Puget Sound Health Care System, Seattle, Washington, USA²George Mason University, Fairfax, Virginia, USA³Utah State University, Logan, Utah, USA

Most Veterans do not seek mental health care. Prior research shows that Anderson's enabling, need, and predisposing factors as well as stigma, prior mental health treatment, and social support are positively associated with treatment use. Causes for psychological distress, or illness attributions, and their association with help-seeking have yet to be explored.

In civilians, biological attributions for distress are associated with greater help-seeking and fewer barriers to care relative to non-biological attributions. We examined the association of biological (e.g., chemical imbalance) and non-biological (e.g., deployment experience) attributions and help-seeking above and beyond the aforementioned covariates in 165 Veterans. Veterans were more likely to seek help from a mental health professional ($F[12,105]=4.44, p=.01$) if they reported higher social support (partial $r=.23, p<.05$), lower self-stigma (partial $r=-.34, p<.01$), and greater biological attributions (partial $r=.24, p<.05$). Veterans were more likely to seek help from a medical doctor ($F[12,105]=4.00, p=.01$) if they reported higher social support (partial $r=.23, p<.05$), greater biological attributions (partial $r=.24, p<.05$), and identified as single (partial $r=.23, p<.05$). Non-biological attributions were unrelated to help-seeking. Emphasizing the role of biology in distress may promote mental health help-seeking in Veterans.

FRI 345
Evaluation of a Trauma-Preparatory Treatment Structure on Evidence-Based PTSD Treatment Completion among OEF/OIF/OND Veterans
 (Abstract #987)

Poster #FRI 345 (Clin Res, Clinical Practice, Mil/Vets, Adult) M - Industrialized

LoSavio, Stefanie, Pamp, Barbara
Edward Hines, Jr. VA Hospital, Hines, Illinois, USA

Despite the availability of evidence-based treatments for PTSD, a high percentage of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans do not initiate treatment or drop out of treatment prematurely. Researchers have identified several patient-level predictors of early treatment dropout; however, less is known about clinic variables that affect engagement. PTSD programs vary widely in terms of structure and offerings. In the present study, we are examining treatment engagement in a clinic structured to allow veterans the option to engage in trauma-focused treatment directly or to first engage in trauma-preparatory treatment (i.e., Anger Management, Emotion Management, or Skills groups). With data from approximately 1450 veterans, we are comparing the treatment selections and completion rates between OEF/OIF/OND veterans and veterans of other eras. Then, of central interest, we are comparing the trauma-focused treatment completion rates of OEF/OIF/OND veterans who engaged in trauma-preparatory treatment prior to beginning trauma-focused treatment to OEF/OIF/OND veterans who went into trauma-focused treatment

directly. Finally, we are exploring factors that predict which OEF/OIF/OND veterans benefit most from trauma-preparatory treatment. These areas of inquiry may provide valuable information to enhance treatment engagement.

FRI 346
Cognitive Processing Group Therapy for Combat PTSD Performance Improvement Evaluation Project
 (Abstract #1818)

Poster #FRI 346 (Clin Res, Clinical Practice, Mil/Vets, Adult) I - Industrialized

Williams, Camila, Glamb, Lauren, Williams, Jenny
Long Beach VA, Long Beach, California, USA

Cognitive Processing Therapy is an evidence based treatment for Posttraumatic Stress Disorder and can be provided with 2 sessions dedicated to writing a trauma account (CPT) or without a written trauma account (CPT-C). CPT/CPT-C group therapy can also be administered with or without individual sessions. The current project proposal will examine symptom outcome data for 4 CPT group modalities (i.e., CPT, CPT w/ 2 individual sessions, CPT-C, and CPT-C w/ 2 individual sessions) for Veterans receiving treatment in a Combat PTSD Clinic from 2012-2014. Veterans completed the PTSD Checklist and Beck Depression Inventory at pre ($N=229$) and post ($N=144$) treatment. A subsample of 72 Veterans also completed the State Trait Anxiety Inventory and WHO Quality of Life scale. We will examine outcome data and assess for any potential differences in symptom improvement between group modalities. We expect to see greater symptom improvement for the CPT groups than the CPT-C groups. We also expect to see greater symptom improvement for the groups with 2 individual sessions than the groups without 2 individual sessions. Offering individual sessions in addition to group therapy uses limited staff resources, and writing the trauma account may prevent some Veterans from seeking treatment. Thus these findings will help guide clinic decisions about treatment offerings and allocation of staff resources.

FRI 347
Trauma-Related Shame, Suicidal Ideation and PTSD among Veterans with Military Sexual Trauma
 (Abstract #1285)

Poster #FRI 347 (Clin Res, Clinical Practice, Rape, Mil/Vets, Adult) - Industrialized

Matarazzo, Bridget, Monteith, Lindsey, Soberay, Kelly, Bahraini, Nazanin
Rocky Mountain MIRECC, Denver, Colorado, USA

Survivors of military sexual trauma (MST) are at increased risk for suicidal ideation and posttraumatic stress disorder (PTSD). Trauma-related shame may represent one pathway by which this risk is conferred. Research has not yet examined the association between shame and these negative outcomes among MST survivors. Furthermore, most research on shame has examined trait-based shame, rather than examining trauma-related shame concerning oneself (internal shame) or others (external shame). We aimed to examine the associations between trauma-related internal and external shame and suicidal ideation, as well as trauma-related shame and PTSD symptoms in a sample of 48 Veterans (30 women, 18 men) with MST. Participants completed the Trauma-Related Shame Inventory, PTSD Checklist for DSM-5, and the Beck Scale for Suicide Ideation. Preliminary results suggest that both trauma-related internal and external shame are significantly associated with suicidal ideation, controlling for age and gender (p 's < .01). Internal and external shame are also significantly associated with PTSD symptoms (p 's < .001). These findings suggest that different forms of trauma-related shame are associated with both suicidal ideation and PTSD among Veterans with a history of MST. Given these associations, clinicians are encouraged to assess for trauma-related shame when working with Veterans with MST.

FRI 348
Posttraumatic Stress Disorder and Suicidal Ideation and Attempt: Indirect Effects of Impaired Social Functioning
(Abstract #1046)

Poster #FRI 348 (Clin Res, QoL, Adult) I - Industrialized

Dutton, Courtney¹, Rojas, Sasha¹, Badour, Christa², Wanklyn, Sonya³, Feldner, Matthew⁴
¹University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA
²Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA
³Ryerson University, Toronto, Ontario, Canada
⁴University of Arkansas, Fayetteville, Arkansas, USA

Posttraumatic stress disorder (PTSD) is associated with an increased likelihood of suicidality. Social functioning, one malleable factor that can be negatively impacted by PTSD, is also associated with risk of suicidal ideation and attempt. Little research has examined the role of specific aspects of social functioning in the association between PTSD and

suicidality. To test the hypothesis that there would be unique indirect effects of four aspects of social functioning (i.e., closeness, conflict, family support, and apprehension), two parallel multiple indirect effects analyses were performed on a nationally representative sample from the National Comorbidity Study- Replication ($n = 4286$). Indirect effects of PTSD on suicidal ideation were significant through three pathways: greater conflict, lower family support, and apprehension, with the pathway through apprehension being significantly larger than the pathways through conflict ($b = -.13$, $SE = .03$, $BC\ 95\% CI [-.21, -.07]$) or family support ($b = -.12$, $SE = .03$, $BC\ 95\% CI [-.19, -.05]$). Problems with family support was the only social variable significantly associated with suicide attempts. These findings suggest that social functioning, specifically level of conflict, family support, and apprehension about utilizing social networks, should be assessed and targeted during treatment to help modify the risk for suicidality.

FRI 349
Co-occurring PTSD and Alcohol Use, and Social Functioning in Trauma-Exposed Veterans: A Latent Profile Analysis
(Abstract #961)

Poster #FRI 349 (Clin Res, QoL, Sub/Abuse, Mil/Vets, Adult) M - Industrialized

Claycomb, Meredith¹, Charak, Ruby², Durham, Tory¹, Elhai, Jon¹, Pietrzak, Robert³
¹University of Toledo, Toledo, Ohio, USA
²VU University, Amsterdam, North Holland, Netherlands
³Yale University School of Medicine, National Center for PTSD, West Haven, Connecticut, USA

We employed latent profile analyses to identify subgroups in 1243 U.S. military veterans who participated in the National Health and Resilience in Veterans Study reporting a history of trauma exposure, lifetime Alcohol Use (AU) based on endorsed symptoms on the Mini-International Neuropsychiatric Interview and co-occurring lifetime PTSD ratings using the PTSD Checklist-5. We assessed differences across these profiles on measures of social functioning (Social Acknowledgement Scale, Short Loneliness Scale), and quality of life (Quality of Life Enjoyment and Satisfaction Questionnaire). Analyses revealed a three-profile solution based on Entropy and LMR values. The three classes were: Low Symptomatology, (Class 1; 66.8%), Moderate PTSD, Higher Alcohol Use (Class 2: 23.9%), and High PTSD, Moderate Alcohol Use (Class 3: 9.31%). Multivariate analysis of variance indicated Class 3 reported the highest levels of perceived disapproval and societal rejection, perceived loneliness, and

lowest quality of life. Additionally, those in Class 3 and Class 2 reported higher levels of perceived disapproval from family than Class 1. Clinically, this study emphasizes the importance of addressing social isolation and perceived social rejection in individuals with all levels of co-occurring symptomatology; additionally, emphasis should be placed on these variables as symptomatology increases.

FRI 350

A Double-Edged Sword: The Impact of Combined Type Rape on Posttraumatic Stress Disorder Symptoms

(Abstract #1337)

Poster #FRI 350 (Clin Res, Rape, Adult) I - Industrialized

McConnell, Amy¹, Messman-Moore, Terri¹, Dykstra, Rita², Gratz, Kim³, DiLillo, David²

¹Miami University, Oxford, Ohio, USA

²University of Nebraska - Lincoln, Lincoln, Nebraska, USA

³University of Mississippi Medical Center, Jackson, Mississippi, USA

Research suggests that posttraumatic stress disorder (PTSD) symptoms may differ depending on type of unwanted sexual experience. The current study investigated whether PTSD symptoms differed for women who reported a non-rape sexual assault ($n = 120$), forcible only rape (FR; $n = 48$), substance-facilitated only rape (SR; $n = 56$), combined FR and SR ($n = 29$) rape, or unconscious rape ($n = 28$) as their most distressing unwanted sexual experience. A diverse sample of 281 community women ages 18-25 ($M_{age} = 22$; 61% Caucasian) completed a modified version of the Sexual Experiences Survey and the PTSD Checklist—Civilian Version (PCL-C). A MANOVA examining differences in PTSD symptoms among the five groups revealed significant univariate effects of rape type on all PCL-C subscales (re-experiencing, avoidance, and hyperarousal). Bonferroni-corrected post-hoc pairwise comparisons indicated that the combined type rape group reported significantly higher levels of re-experiencing, avoidance, and hyperarousal symptoms than the non-rape and SR only group, as well higher levels of hyperarousal symptoms than the FR only group. This pattern suggests that rape experiences are heterogeneous, and that combined type rape experiences, in particular, may significantly impact the severity of PTSD symptoms. Implications for future research and intervention will be discussed.

FRI 351

Prevalence Rates of Military Sexual Trauma in a Sample of LGBTQ Combat-Exposed Veterans

(Abstract #1100)

Poster #FRI 351 (Clin Res, Rape, Orient, Mil/Vets, Adult) I - Industrialized

Gorman, Kaitlyn¹, Kearns, Jaclyn², Green, Jonathan³, Rosen, Raymond⁴, Keane, Terence⁵, Marx, Brian⁶

¹Boston VA Healthcare System, Boston, Massachusetts, USA

²National Center for PTSD, VA Boston Healthcare System, Department of Psychology, Harvard University, Boston, Massachusetts, USA

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

⁴New England Research Institutes, Inc., Watertown, Massachusetts, USA

⁵National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA

⁶National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

A considerable amount of research has examined the prevalence and correlates of military sexual trauma (MST). However, limited research has been conducted that directly compares the prevalence and correlates of MST among self-identified heterosexual veterans with those who do not identify as heterosexual (Mattocks, 2013). In the current study, we explored group differences in the type of MST event reported, psychosocial functioning, and help-seeking behavior following the incident. In our current sample of 1,651 combat-exposed veterans, 101 identified as gay/lesbian, bisexual, other, and questioning. Analyses indicated that 65 of the 101 LGBTQ participants endorsed at least one episode of MST during deployment (64% of those interviewed). Of the 1263 veterans who identified as heterosexual, 453 reported at least one incident of MST (36% of those interviewed). Psychosocial functioning differed significantly as a function of sexual orientation ($F(2,517) = 5.074, p < .001$). These results suggest that there may be a particular vulnerability for sexual trauma in LGBTQ individuals in the military. Further exploration to understand these differences is needed.

FRI 352

Associations between Alcohol Use and Rape Myth Acceptance among Male College Students

(Abstract #1552)

Poster #FRI 352 (Clin Res, Rape, Sub/Abuse, Adult) M - Industrialized

Williams, Joah¹, Rheingold, Alyssa¹, Gabel, Colby¹, Love, Cary², Shealy, Janet³

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

²People Against Rape, Charleston, South Carolina, USA

³The Citadel, Charleston, South Carolina, USA

Sexual assault among college women is a serious public health problem in the United States, with nearly one in five women experiencing completed or attempted sexual assault or rape after entering college (Krebs et al., 2009). Many of these assaults involve alcohol use (Lawyer et al., 2010), perhaps because increased alcohol use is associated with maladaptive expectancies about sexual behavior (Cowley, 2014). This study aims to examine associations between alcohol use and rape myths that blame a victim for her assault or excuse the perpetrator in a sample of undergraduate male students (current $n = 40$; target $N = 150$) recruited from two campuses as part of a larger sexual violence prevention program feasibility study. Students completed self-report measures including the Updated Illinois Rape Myth Acceptance Scale (McMahon & Farmer, 2011) and Daily Drinking Questionnaire-Revised (Collins et al., 1985). Students consumed an average of 12 drinks per week ($SD = 17.08$). Increased alcohol use was associated with beliefs that victims' behaviors invite sexual assault ($r = -.45$, $p = .003$), denial that an event constitutes assault due to blaming the victim or excusing the perpetrator ($r = -.52$, $p = .001$), and beliefs that victims fabricate rape claims ($r = -.33$, $p = .04$). Data collection is ongoing, and implications for campus sexual violence prevention programming will be discussed.

FRI 353**The International Consortium to Predict PTSD (ICPP) First Report: Sites, Participants, Timing and PTSD Measures**

(Abstract #1758)

Poster #FRI 353 (Clin Res, Res Meth, Adult) M - Global

Qi, Wei¹, Ratanatharathorn, Andrew², Gevonden, Martin³, Shalev, Arieh³, Koenen, Karestan⁴

¹New York University Langone Medical Center, Department of Psychiatry, New York, USA

²Columbia University, Mailman School of Public Health, New York, New York, USA

³New York University Langone Medical Center, New York, New York, USA

⁴Columbia University, New York, New York, USA

Objectives: The ICPP is a NIMH funded international consortium designed to develop versatile tools for predicting PTSD by pooling existing longitudinal datasets measuring early trauma aftermath. We describe the characteristics of the largest collection of longitudinal data to date obtained from ICPP members.

Methods: Original datasets from 15 longitudinal studies published from 1998 to 2014 were shared by primary investigators if they obtained baseline assessment shortly after trauma exposure, followed respondents for at least one month, assessed both PTSD (diagnosis) and PTSD symptoms severity, and provided item-level data. **Results:** Data received so far represent 6702 participants (mean age 37.3 ± 13.8 years; 36.3% female) from 11 sites in Australia, Israel, Netherlands, United States, Japan and Switzerland. Participants were assessed at 12 planned time points (range: 1 week – 3 years). Individual time points overlap across studies. Over 90 instruments evaluated an extensive array of trauma-related outcomes. Used in nine studies and 4899 (73.1%) participants, the CAPS was the most common measure of PTSD and PTSD symptoms. **Conclusion:** The wide array of instruments used in previous studies strongly suggests that future studies use standardized measurements of their core variables (e.g. CDE). We invite investigators with studies meeting the criteria to join the collaboration.

FRI 354**Use of Psychophysiological Measures in the Assessment of Treatment Response for PTSD**

(Abstract #1229)

Poster #FRI 354 (Clin Res, Res Meth, Tech, Adult) M - Industrialized

Webb, Andrea¹, Kip, Kevin², Jin, Alvin¹, Hickling, Edward³

¹The Charles Stark Draper Laboratory, Cambridge, Massachusetts, USA

²University of South Florida, Tampa, Florida, USA

³Capital Psychological Associates, Albany, New York, USA

Objective, quantitative measures are needed for the assessment of treatment response for mental health disorders to optimize the treatment process and improve outcomes. We conducted a proof-of-concept study to assess the utility of psychophysiological measures for the assessment of treatment response for PTSD. We examined electrodermal activity (EDA) and interbeat interval (IBI) during script-driven imagery in a sample of 11 people with PTSD. Participants were assessed before and after treatment with Accelerated Resolution Therapy, an

evidence-based therapy. During the script-driven imagery protocol, participants listened to recorded scripts that were derived from personal traumatic and neutral experiences. Participants also listened to standard neutral and trauma scripts. Average script length was 30 seconds. Results indicated a decrease in physiological reactivity from pre- to post-treatment. EDA values for the individualized trauma script were significantly lower post-treatment as compared to pre (7.47 vs. 11.45, $p < .05$). IBI was longer post-treatment as compared to pre (829.17 vs. 712.28, $p < .05$), indicating lower heart rate after treatment. PTSD Checklist scores also significantly improved from pre to post-treatment (53.08 to 31.50, $p < .05$). These data suggest utility for psychophysiological measures as objective indicators for treatment response.

FRI 355

Sleep Characteristics in PTSD-Positive Veterans with and Without Alcohol Use Disorder

(Abstract #1047)

Poster #FRI 355 (Clin Res, Sleep, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Straus, Laura¹, Colvonen, Peter², Nappi, Carla³, Norman, Sonya⁴, Drummond, Sean³

¹UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California, USA

²University of California, San Diego and VA San Diego Healthcare System, San Diego, California, USA

³VA San Diego Healthcare System / UCSD, San Diego, California, USA

⁴National Center for PTSD, San Diego, California, USA

Sleep problems are prevalent in both posttraumatic stress disorder (PTSD) and alcohol use disorders (AUD). Despite the high co-occurrence of PTSD and AUD, few studies have used both subjective and objective measures to compare sleep characteristics in PTSD-positive Veterans with and without AUD. The current study compared PTSD-positive Veterans with ($n=30$) and without ($n=40$) AUD on subjective and objective measures of sleep. Independent samples t -tests were used to compare the groups on the Insomnia Severity Index (ISI) and diary-derived sleep latency (SL). Total sleep time (TST), wake after sleep onset (WASO), and sleep efficiency (SE) were measured by both diaries and actigraphy. The groups did not differ on the ISI ($t=1.29$, $p=.20$) or SL ($t=.64$, $p=.53$). The Veterans with PTSD and AUD showed significantly longer TST ($t=-2.33$, $p=.02$), shorter WASO ($t=2.37$, $p=.02$) and higher SE ($t=-2.13$, $p=.04$) as reported on diaries, but no differences were found between groups on actigraphy variables. Although Veterans with PTSD and AUD appeared to have greater sleep duration and continuity when reporting

sleep subjectively, objective measures did not differentiate groups. The difference between these groups depends on the method by which sleep is measured, possibly due to subjective perceptions that alcohol is helping sleep.

FRI 356

Treatment Motivation Predicts Change in PTSD Symptoms among Veterans in a Substance Abuse Residential Rehabilitation Treatment Program

(Abstract #752)

Poster #FRI 356 (Clin Res, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Bogner, Rebecca¹, Myers, Ursula², Colvonen, Peter³, Norman, Sonya⁴

¹North Dakota State University, San Diego, California, USA

²San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, California, USA

³University of California, San Diego and VA San Diego Healthcare System, San Diego, California, USA

⁴National Center for PTSD, San Diego, California, USA

Motivation to change is an important factor to examine in treatment outcomes for substance use disorders (SUD). Higher internal motivation (e.g., treatment is the best way to help myself) and lower external motivation (e.g., I was referred by the legal system) are associated with positive treatment outcomes in SUD. However, less is known about the role of treatment motivation in posttraumatic stress disorder (PTSD) outcomes among Veterans with comorbid SUD/PTSD. The goal of this study was to examine the relationship between types of motivation (internal/external) on pre- to post-treatment change in PTSD symptom severity (PTSD checklist; PCL) among 46 Veterans completing PTSD treatment on a substance abuse residential rehabilitation treatment program (SARRTP). Linear regression indicated that both internal and external motivation together predicted treatment response [$F(1, 44) = 3.57$, $p = .04$]. Higher internal motivation ($B = 5.38$, $p = .04$) and lower external motivation ($B = -2.32$, $p = .05$) predicted greater decreases in PCL scores. These results replicate previous findings in the SUD literature, which underscore the importance of both internal and external motivation as independent pathways to treatment response. Motivation interviewing may be beneficial to address low internal and/or high external motivation for those entering PTSD/SUD treatment.

FRI 357**Adapting Acceptance and Commitment Therapy for Co-Occurring PTSD/SUD**

(Abstract #1242)

Poster #FRI 357 (Clin Res, Sub/Abuse, Mil/Vets, Adult) I - Industrialized**Hermann, Barbara**¹, Meyer, Eric², Schnurr, Paula¹, Batten, Sonja³, Walser, Robyn⁴¹VA National Center for PTSD, Executive Division, White River Junction, Vermont, USA²VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA³VA Office of Mental Health Services, Washington, District of Columbia, USA⁴National Center for PTSD, Dissemination and Training Division University of California, Berkeley, Menlo Park, California, USA

We present the rationale and research base for addressing co-occurring PTSD and substance use disorder (SUD) with Acceptance and Commitment Therapy (ACT). We describe our initial treatment manual and the subsequent refinement to the manual following a feasibility study with a small sample of Veterans. The percent of participants who completed our initial treatment (42.9%) was similar to what has been observed in studies of other integrated treatments for PTSD/SUD, but less than optimal. The largest effect of our treatment was on a measure of valued living (Valued Living Questionnaire, $d = .97$), the main target of ACT, with 7 of the 9 completers reporting improvement. Group decrease in experiential avoidance at posttreatment was modest (Acceptance and Action Questionnaire-II, $d = -.37$) and likely driven by one completer who dropped substantially (23 points). We present comments offered by treatment completers about perceived benefits and ways to improve the treatment. We describe revisions made to the initial manual intended to address participant and therapist feedback, bolster participant retention, and strengthen the intervention's impact on experiential avoidance. A larger trial with our revised manual is underway. We close by offering additional potential strategies for adapting ACT for this challenging comorbidity to encourage discussion and research.

FRI 358**Empowering Rwandan Young Adults: A Case Example using Youth Lead**

(Abstract #1895)

Poster #FRI 358 (Clin Res, Train/Ed/Dis, Adult) I - E & S Africa**Donenberg, Geri**¹, Fabri, Mary², Ingabire, Charles³, Nsanzamana, Sabin⁴, Emerson, Erin¹, Cohen, Mardge²¹University of Illinois Chicago, Chicago, Illinois, USA²WE-ACTx, San Francisco, California, USA³WE-ACTx, Kigali, Kigali, Rwanda⁴Rwanda Biomedical Center, Kigali, Kigali, Rwanda

HIV-positive Rwandan young adults, 21 to 24 years old, were trained as youth leaders (YL) to deliver an adherence-enhanced group-based trauma-informed cognitive behavioral intervention for teens living with HIV. Prior to training, 50% of YL reported experiencing four or more traumatic events. To understand if trauma and its consequences would impair intervention delivery, fidelity data were collected for eight groups. During each session, two independent observers rated YL on a scale from 0 "not very well" to 4 "very well" on (1) how well they demonstrated intervention skills (e.g., followed script, explained and demonstrated activities, responded appropriately to questions), and (2) responded appropriately to teen participants (e.g., praised correct responses, provided corrective feedback, limited unproductive discussion). Mean ratings for all sessions were between 3.25-3.83, indicating YL performed "well" in adhering to the curriculum and responding appropriately to teens. Similarly, YL self-evaluations indicated that they knew the material and delivered the intervention well. Taken together, fidelity ratings suggest that despite significant trauma exposure, YL were able to learn to deliver a trauma-informed CBT intervention. Findings have important implications for capacity building in post-conflict settings.

FRI 359**Predictors of PTSD Symptom Change in Cognitive Processing Therapy: Effects of Therapeutic Alliance and Treatment Fidelity**

(Abstract #1939)

Poster #FRI 359 (Clin Res, Train/Ed/Dis, Adult) M - Industrialized**Lane, Jeanine**¹, Shnaider, Philippe¹, Wagner, Anne¹, Sijercic, Iris¹, Wiltsey Stirman, Shannon², Monson, Candice¹¹Ryerson University, Toronto, Ontario, Canada²VA Boston Health Care System/Boston University, Boston, Massachusetts, USA

Research examining evidence-based practices (EBPs) has demonstrated that therapeutic alliance between clinicians and patients, and clinicians' fidelity to treatment protocols (i.e., adherence to, and competence in, delivering prescribed interventions), are associated with patient outcomes. However, it is unclear which of these elements of treatment are of

greater importance for symptom reduction in patients with PTSD. The current study examined the relative contribution of therapeutic alliance and fidelity to cognitive processing therapy (CPT), an EBP for posttraumatic stress disorder (PTSD), in predicting patient outcomes ($n = 123$). Trained expert assessors provided ratings of therapeutic alliance and treatment fidelity of randomly selected CPT sessions, and patients self-reported their weekly PTSD symptoms. Hierarchical linear modeling was used to examine the contribution of each treatment element (alliance, adherence, competence) to predict PTSD symptoms over time. Results indicated that therapeutic alliance was negatively associated with PTSD symptoms over time ($b = -.03$, $p = .03$). In order to explore the relationship between fidelity and alliance, further analyses will be presented. Findings suggest that therapeutic alliance matters for treatment outcomes, and the role of alliance in the context of fidelity will be discussed. Clinical implications will be presented.

FRI 360
Evaluating the Feasibility of RESCUE: An Adjunctive HAI-Based Intervention for Veterans with PTSD

(Abstract #1193)

Poster #FRI 360 (Clin Res, Train/Ed/Dis, Mil/Vets, Adult) I - Industrialized

Bartone, Anne¹, Carper, Teri¹, Carges, Elizabeth¹, Kofler, Michael², Litz, Brett³, Petty, Frederick¹

¹Orlando VA Medical Center, Orlando, Florida, USA

²Florida State University, Tallahassee, Florida, USA

³Boston University, Boston, Massachusetts, USA

Despite the effectiveness of evidence-based treatments (EBT) in alleviating core PTSD symptoms, a significant number of veterans decline EBT when offered, and up to half of those who initiate treatment terminate prematurely¹⁻³. Emotional numbing (EN) is a core component of PTSD that has also been cited as a primary barrier to care. That is, individuals who are feeling dysphoric, interpersonally detached, and anhedonic may be particularly reticent to engage in treatment⁴. Emerging research suggests that human-animal interaction (HAI) is a promising method for reducing EN⁵. We argue that an HAI-based adjunctive intervention prior to the initiation of EBT will not only decrease the EN symptoms of PTSD, but that this reduction of EN will lead to higher completion and compliance rates of a subsequent course of EBT. Project RESCUE (Recovery through Engagement with Shelter Canines, Understanding, and Exposure) is a 12-session HAI group teaching veterans to train shelter dogs for adoption. Veterans will be randomly assigned to RESCUE or a control group, followed by individual prolonged exposure therapy. We hypothesize that those in the RESCUE group will

evidence a greater reduction of EN following group completion, and greater completion and compliance rates of prolonged exposure. Preliminary data are pending.

FRI 361
Differential Symptom Progression during the Course of Trauma Treatment: The Impact of Age, Gender and Placement Status
 (Abstract #1357)

Poster #FRI 361 (Clin Res, Affect/Int, Clinical Practice, Cog/Int, Child/Adol) M - Industrialized

Ascienzo, Sarah, Sprang, Ginny
 University of Kentucky, Lexington, Kentucky, USA

The rate of children experiencing deleterious effects as a result of trauma exposure has led to the development of numerous empirically supported phase-based approaches. Several interventions demonstrate overall symptom reduction, but less is known about the trajectory of symptoms during the course of treatment. This study examines symptom fluctuation during treatment and the impact of specific therapeutic components on the recovery process amongst a random sample of children ages 6-18 ($N=52$) who received treatment at a university-based trauma center. Methods: Aggregate scores on the Child Behavior Checklist, UCLA-PTSD-RI, and Trauma Symptom Checklist for Children or Young Children were mapped according to gender, age, and placement status at baseline and termination, as well as during different components of Trauma-focused Cognitive Behavioral Therapy, and independent samples t-tests were conducted. Results: Findings indicate differential symptom trajectories based on gender, particularly in regards to the cognitive processing and trauma narrative components of treatment. Children in the custody of child protective services also display divergent symptom progression compared to children residing with a biological or adoptive parent. Implications: The treatment implications of these findings are discussed as well as directions for future research.

FRI 362
Eye Tracking and Attentional Bias for Emotion Stimuli with Symptoms of Earthquake Related PTSD
 (Abstract #2066)

Poster #FRI 362 (Clin Res, Anx, Cog/Int, Child/Adol) I - E Asia & Pac

Wang, Li¹, **Yang, Haibo**²
¹Key Laboratory of Mental Health, Institute of

Psychology, Chinese Academy of Sciences, Beijing, China

²*Tianjin Normal University, Tianjin, China*

Attentional bias is an occurrence wherein a person focuses more of his attention toward a specific stimulus or a sensory cue. Often, this leads to a poor sense of judgment or an incomplete recollection of a certain event or memory. Although several studies have documented an attentional bias toward threat in posttraumatic stress disorder (PTSD), the nature of attentional bias has not been clearly delineated. The present study utilized eye tracking technology to delineate the time course and components of attentional bias for emotion pictures in earthquake related PTSD. Earthquake survivor teenagers with PTSD symptoms ($n = 21$), earthquake survivor teenagers without PTSD ($n = 20$), and non-trauma teenagers control group ($n = 20$) viewed trauma related pictures paired with neutral pictures for 3s presentations. Eye movements were record with SMI RED500 eye tracker. The results showed that teenagers with PTSD maintained attention longer on the emotion pictures. This attentional bias was robustly distinguished teenagers with PTSD from both teenagers without PTSD and non-trauma teenagers controls. It's indicated that dwelling on threat cues may reflect current PTSD symptoms, and it could reflect a cognitive vulnerability factor for PTSD.

FRI 363
Final Results from an Outcome Study of a Trauma-Informed Approach in Youth Residential Treatment Programs
 (Abstract #2036)

Poster #FRI 363 (Clin Res, Clin Res, Complex, Child/Adol) M - Industrialized

Boel-Studt, Shamra
Florida State University, Tallahassee, Florida, USA

Purpose: I present final results from an outcomes study of a trauma-informed approach that was implemented in psychiatric residential treatment programs for youth. Method: A quasi-experimental design was used to compare the effects of a trauma-focused PRT ($n = 118$) with standard services PRT ($n = 117$). Outcome measures included: change in functional impairment using the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1997), length of stay in PRT, behavior management incidents, and discharge placement types. Analyses: ANCOVAs and Cohen's d were used to examine differences in change in impairment and treatment effects between groups. Zero-inflated poisson was used to examine differences in behavioral incidents. Finally, I used multivariate and logistic regression to examine differences length of stay and discharge

placements, respectively. Results: Youth receiving trauma-informed PRT experienced significantly greater mean reductions in functional impairment from admission to discharge, were less likely to experience behavior management incidents, and spent significantly fewer months in treatment compared to youth in the standard PRT. Conclusion: These results suggest that the integration of a trauma-informed approach within psychiatric residential treatment (PRT) may help to enhance youth outcomes in fewer months compared to standard care PRT.

FRI 364
Do Post-Traumatic Stress Disorder and Dissociation Symptoms Act as Distinct Mediators in the Relationship between Potentially Traumatizing Events and Risk Behaviors in Adolescents?
 (Abstract #1077)

Poster #FRI 364 (Clin Res, Clin Res, Clinical Practice, Prevent, Child/Adol) I - N/A

Wortel, Sanne, Milan, Stephanie
University of Connecticut, Storrs, Connecticut, USA

Adolescents exposed to potentially traumatic events (PTEs) are at increased risk for risky behaviors, including substance use, self-injury, and suicidality. Several studies have found that PTSD symptoms may mediate this relationship; however, few studies have examined the potential mediating role of other trauma-related symptoms. In this study, we examine whether dissociation symptoms act as a distinct mediator between PTEs and risk behaviors beyond the impact of PTSD symptoms. Participants included 194 low-income adolescent girls (Mean age 15.2; 58% Latina, 22% African-American; 20% White). Participants completed measures of recent exposure to PTEs, PTSD and dissociation symptoms, and risk behaviors (substance use, suicidality, self-injury). Path analysis and bootstrapping were used to estimate direct and indirect effects (see Figure 1). Results indicate that PTSD and dissociation act as unique mediators of the PTE-suicidality association, with both indirect paths significant. In contrast, only PTSD symptoms mediated the relationship between PTEs and self-injury, and neither type of symptom predicted substance use. Results indicate that dissociative symptoms (and not just PTSD symptoms) may be particularly important to address in trauma exposed adolescent girls to reduce suicidal ideation and behaviors.

FRI 365**Psychometric Properties of the Sensory Awareness Measure in a Sample of Youth with Complex Trauma**

(Abstract #1904)

Poster #FRI 365 (Clin Res, Complex, Health, Bio/Int, Child/Adol) I - Industrialized**Liebman, Rachel**¹, **Martin, Lia**¹, **Stone, Laura**¹, **Hodgdon, Hilary**², **Spinazzola, Joseph**²¹Justice Resource Institute, Brookline, Massachusetts, USA²Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA

Trauma-impacted youth often have limited ability to discern emotions from body cues due to the impact of trauma on early self-regulatory capacities and bio-rhythms. An impaired ability to label emotions from physical sensations makes it difficult to anticipate and respond to feeling states, which can result in significant mental health consequences. Yet, there are no validated measures that assess traumatized youths' ability to notice somatic cues or link them to emotions. This study aimed to develop a psychometrically valid measure of somatic awareness tailored to trauma-impacted youth. N=431 adolescents representing outpatient, residential and juvenile justice treatment settings completed a preliminary version of the measure. Exploratory factor analysis using varimax rotation yielded two factors with 7 items each: Somatic Problems, and Somatic Markers of Emotion. This factor structure was confirmed using reliability and confirmatory factor analyses. Convergent and divergent validity analyses showed both factors were significantly correlated with measures of somatic problems ($r=.33$; $r=.19$, respectively) and dissociation ($r=.56$; $r=.59$, respectively) and demonstrated discriminant validity with theoretically unrelated constructs of working memory ($r=.09$; $r=.08$, respectively) and rule-breaking behavior ($r=-.05$; $r=.08$, respectively). Implications of these findings are discussed.

FRI 366**The Role of Placement Type on Coping for Youth in Foster Care**

(Abstract #1109)

Poster #FRI 366 (Clin Res, CPA, CSA, Chronic, Child/Adol) M - Industrialized**Huffhines, Lindsay**, **Hoernberg, Kathaleen**, **Gabrielli, Joy**, **Jackson, Yo**, **O'Connor, Bridget**
University of Kansas Clinical Child Psychology Program, Lawrence, Kansas, USA

Youth in foster care represent a highly vulnerable population given their exposure to traumatic events such as maltreatment and removal from their biological families. Coping is a construct of interest in the identification of factors related to processes of resilience in youth exposed to negative life events. The current study examined four domains of coping (Direct Action, Indirect Action, Prosocial, and Antisocial coping) over time in 408 foster youth ($M=13.14$ years, $SD=3.07$) exposed to maltreatment and placed in foster homes ($n=259$) or residential facilities ($n=149$). At baseline, there were no significant differences in coping approach by gender. Additionally, at baseline, youth in residential placements had significantly lower Direct Action coping scores ($t(396)=4.64$, $p<.01$) and significantly higher Antisocial coping scores ($t(402)=3.29$, $p<.01$) than youth in foster homes. Coping strategy trends also were evaluated over time. The variation of coping scores was different across placement types, and the trajectories across time differed by coping type. Findings have policy and intervention implications, and identification of differences in coping may provide insight to processes related to adjustment and psychopathology for youth in foster care.

FRI 367**Tell Me Where You Feel It: Does Somatic Awareness Differ as a Function of Trauma Type**

(Abstract #1987)

Poster #FRI 367 (Clin Res, CPA, CSA, Complex, Neglect, Child/Adol) I - Industrialized**Martin, Lia**¹, **Liebman, Rachel**¹, **Stone, Laura**¹, **Hodgdon, Hilary**², **Spinazzola, Joseph**²¹Justice Resource Institute, Brookline, Massachusetts, USA²Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA

Youth with complex trauma often have an impaired ability to notice their bodily experience or link it to their emotions. It is likely that somatic awareness differs as a function of the nature and type of trauma experienced, although, no research has yet examined this question. The present study sought to examine whether differences exist in traumatized adolescents' somatic awareness based on the nature of the traumatic experience, namely whether the trauma is a) complex ($>4+$ traumas) vs. non-complex (<4 traumas), b) interpersonal vs. non-interpersonal or c) psychological/neglect, sexual, physical, or non-interpersonal bodily trauma only (e.g., accident or medical injury). N= 431 youth (age 10-21) from outpatient, residential or juvenile justice treatment settings completed the Sensory Awareness Measure which assess both global somatic problems (e.g.,

headaches, stomachaches) and the ability to link somatic experiences to emotions. One-way ANOVAs showed no differences in somatic awareness as a function of complex or interpersonal trauma. Individuals who experienced sexual abuse/assault had significantly more somatic problems than individuals who experienced physical maltreatment or non-interpersonal bodily trauma alone ($F(3,62) = 3.51$, $p=.02$). There were no differences in ability to label emotions based on physical sensations across trauma type. Implications are discussed.

FRI 368

Diurnal Salivary Cortisol in Brazilian Children exposed to Traumatic Experiences

(Abstract #1461)

Poster #FRI 368 (Clin Res, CPA, CSA, Dev/Int, Bio/Int, Child/Adol) M - Latin Amer & Carib

Canasiro, Soraya¹, Freitas, Paulo Cesar¹, Orsi, Paula¹, Calsavara, Vinicius Fernando², Mello, Marcelo²

¹Federal University of São Paulo, São Paulo, Brazil

²Universidade Federal de São Paulo, São Paulo, Brazil

Inappropriate responsiveness of the stress system is related to growth and development impairment and an increased risk for development of a number of psychiatric disorders. The objective of this study was to investigate the basal salivary cortisol dysregulation in vulnerable children who experienced severe interpersonal traumatic events and developed psychiatric symptoms. Salivary cortisol samples (upon waking and 30 minutes after waking) from 35 children aged 7-12 years (18 girls and 17 boys) were obtained from participants up 2 consecutive days, at the inclusion and nine-months after. Children received psychiatric and psychosocial interventions on a specialized trauma clinic of an academic setting. The AUC statistics analyses identified a statistically significant difference for female subjects older than 9 years, showing a decrease in basal cortisol ($p<0.05$) after 9-months intervention. These results suggest that the physiologic response of children with history of trauma and psychiatric symptoms were characterized by different HPA axis activity dependent to different development stage and gender. Our findings showed the complexity of the stress response system regarding its relation to development and gender, more studies are necessary to understand its relations on risk for psychiatric disorders.

FRI 369

Child Maltreatment and Neural Structure

(Abstract #1084)

Poster #FRI 369 (Clin Res, CPA, CSA, Neuro, Child/Adol) M - Industrialized

Lambert, Hilary¹, McLaughlin, Katie¹, Sheridan, Margaret²

¹University of Washington, Seattle, Washington, USA

²Harvard Medical School/Children's Hospital Boston, Boston, Massachusetts, USA

While the association of child maltreatment and later psychopathology is established, the mechanisms underlying this association remain poorly understood. We argue that exposure to child maltreatment impacts neural structure, which may elevate risk for psychopathology in adolescence. We predicted that child maltreatment would be associated with reduced thickness of cortical regions involved in emotion regulation due to increased environmentally mediated synaptic pruning across development as well as reduced hippocampal volume, reflecting toxic effects of glucocorticoids. We also expected neural structure to be associated with internalizing and externalizing psychopathology. Data were drawn from a sample of 42 adolescents (aged 13-19 years). Half of the sample had exposure to physical or sexual abuse, and half were age and gender matched controls. Maltreated adolescents had significantly reduced thickness of ventromedial prefrontal cortex, right inferior frontal gyrus, and parahippocampal gyrus. Reduced hippocampal volume in maltreated adolescents was marginally significant. Reduced cortical thickness was associated with higher levels of internalizing and externalizing psychopathology and reduced hippocampal volume was associated with depression. Changes in neural structure may be a mechanism linking child maltreatment to the onset of adolescent psychopathology.

FRI 370

Intensive Exposure Treatment for Adolescents with PTSD: The Effectiveness of Brief Intensive Exposure Treatment for Multiple Interpersonal Traumatized Adolescents with PTSD and their Parents

(Abstract #1212)

Poster #FRI 370 (Clin Res, CSA, Chronic, Clinical Practice, Fam/Int, Child/Adol) - Industrialized

Hendriks, Lotte¹, de Kleine, Rianne¹, Hendriks, Gert-Jan¹, Heyvaert, Mieke², Becker, Eni¹, van Minnen, Agnes³

¹Radboud University, Nijmegen, Gelderland,

*Netherlands*²*Katholieke Universiteit Leuven, Leuven, Flemish Brabant, Belgium*³*University Nijmegen, Nijmegen, Gelderland, Netherlands*

PTSD in adolescents is a highly impairing disorder and can have enormous effects on the development. Controlled studies have shown effectiveness of trauma-focussed psychological treatments (both prolonged exposure and EMDR), however, improvement of treatment is wanted, given the relatively high dropout rates and lack of (structural) involvement of parents despite recommendation in treatment guidelines. The present study investigated the effectiveness of an intensified (mainly prolonged) exposure treatment for adolescents with PTSD (12-18 years of age, who have suffered multiple interpersonal traumas) while including also their parent(s). This presentation provides data of ten adolescents, assigned to baselines of varying lengths prior to receiving treatment, in a within-subject, sequential replication design. The exposure treatment (outpatient) consisted of 15 sessions, delivered in one week (five days, 3 x 90-minutes sessions each day), including a parent program, and followed by 3 booster sessions in the four following weeks. Results indicate that PTSD-symptoms significantly declined during the treatment. What is more, none of the patients dropped out. In addition, the treatment proved to be safe; no adverse events were reported. This study may have important implications for treating PTSD, especially for adolescents that suffered multiple interpersonal traumas.

FRI 371**Temperament and Cortisol Reactivity in At-Risk Infants**

(Abstract #1630)

Poster #FRI 371 (Clin Res, Bio Med, Dev/Int, Lifespan) I - Industrialized

Gilchrist, Michelle, Figge, Caleb, Martinez-Torteya, Cecilia
DePaul University, Chicago, Illinois, USA

Integration of affective and physiological components stress reactivity is needed to understand links between stress sensitivity and later psychopathology. Previous research report links between cortisol, a hormonal marker of the Hypothalamic-Pituitary-Adrenal Axis stress response, and temperamental dimensions. The current study aims to clarify associations between infant temperament and cortisol reactivity in a sample of 48 at-risk mother-infant dyads (11-14 months), recruited from social service agencies in the community. Mothers completed the Infant Behavior Questionnaire and infant salivary

cortisol was collected at 6 time points, prior to and after, the administration of the Strange Situation. Hierarchical linear modeling was used to predict cortisol levels, while controlling for methodological covariates (e.g., time of day). Models included an intercept, a linear and a quadratic slope and infant temperament as a person-level predictor. Infant Negative Affectivity predicted the linear ($t = -2.480$, $df = 41$, $p = .017$) and quadratic ($t = 2.446$, $df = 41$, $p = .019$) slopes. These results highlight the need for further examination of the interplay between temperament and cortisol reactivity among trauma-exposed infants. Identifying potential biological vulnerabilities in at risk infants/children could help create interventions leading to positive physical and mental health outcomes.

FRI 372**Trauma Exposure, Nonverbal Intelligence, and Externalizing Behavior in Children**

(Abstract #879)

Poster #FRI 372 (Clin Res, Aggress, Comm/Vio, Complex, Dev/Int, Child/Adol) M - Industrialized

Kim, Ye Ji¹, Kuperman, Kelsey¹, Cross, Dorthie¹, Jovanovic, Tanja¹, Bradley, Bekh²

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

²*Atlanta VAMC/Emory University, Decatur, Georgia, USA*

Prior research has shown the deleterious effects of trauma on children's mental health, as well as a potential protective role of high intelligence. The present study examined the protective role of nonverbal intelligence on the relationship between trauma exposure and externalizing behavior in an at-risk population of children. Participants included 44 mother-child dyads (children ages 8-12) recruited from two public hospitals serving low-income adults and children. Children provided self-report of trauma exposure and PTSD symptoms and were administered the Wechsler Abbreviated Scale of Intelligence (WASI), and mothers provided parent-report of child externalizing behavior (Behavioral Assessment System for Children-2), as well as family household income and number of individuals living in the home. After controlling for child age and family poverty (income/individuals in household), an ANCOVA predicting child externalizing behavior revealed a significant main effect of trauma, $F = 4.39$, $p < .05$, and a significant interaction of trauma and nonverbal intelligence, $F = 5.95$, $p < .05$, indicating that at low levels of trauma exposure, high intelligence may protect against externalizing behaviors. However, children with high exposure to trauma presented with more externalizing behavior problems regardless of nonverbal intelligence scores.

FRI 373**Associations between Depression, Negative Parenting Behavior, and Cortical Activity in Mothers**

(Abstract #866)

Poster #FRI 373 (Clin Res, Depr, Fam/Int, Neuro, Adult) M - Industrialized*Reddy, Renuka, Kim, Ye Ji, Vance, Alexander, Cross, Dorthie, Stevens, Jennifer, Jovanovic, Tanja Emory University School of Medicine, Atlanta, Georgia, USA*

Previous studies have shown depressed mothers are more likely to display negative parenting behaviors. However, few studies have examined parenting behavior in the context of cortical activity, which was an aim of this study. We hypothesized amygdala activation would be associated with over-reactive parenting behavior. This study included 286 African-American mothers recruited from a large urban hospital. These mothers underwent clinical assessments, which included the Beks Depression Inventory and the Parenting Scale, of which the over-reactivity subscale was examined. Depression was strongly correlated with over-reactive parenting ($p=1.44E-09$). A subset of mothers ($n=34$) was presented with fearful or neutral face stimuli during functional magnetic resonance imaging (fMRI). In this group, over-reactive parenting behavior was associated with attenuated left amygdala activity to fearful face stimuli ($p=.05$, corrected). There was no association between depression and amygdala activation. These initial analyses showing diminished amygdala activity suggest that over-reactive mothers process information pertaining to emotional stimuli differently. Further analyses will test whether amygdala reactivity moderates the relation between depression and parenting behavior.

FRI 374**The Impact of School Engagement on Academic Achievement and Mental Health among Children Investigated by Child Welfare Services**

(Abstract #165)

Poster #FRI 374 (Clin Res, CPA, CSA, Neglect, Child/Adol) I - Industrialized*Leonard, Skyler, Gudino, Omar University of Denver, Denver, Colorado, USA*

Youth that have experienced abuse, neglect, or are involved with child welfare services are at significant risk for low academic achievement and poor mental health outcomes. Little research has considered the impact of schools on maltreated youth outcomes. This study utilized data from the National Survey of Child and Adolescent Well-Being (NSCAW), to examine the potential main effect of school engagement on academic achievement and mental health in a longitudinal national sample of youth who were the subjects of a child welfare investigations following alleged maltreatment. Predicting that school factors would be especially critical for youth who are removed from home, this study also examined whether school engagement moderated the effect of home placement stability on youth outcomes. Results of hierarchical regression analyses showed that school engagement was an independent predictor of youth internalizing symptoms ($B = -4.05$, $p < .01$), externalizing symptoms ($B = -5.77$, $p < .01$), academic achievement in reading ($B = 5.16$, $p < .01$) and in math ($B = 6.26$, $p < .01$), after controlling for initial symptoms/achievement levels and relevant covariates. School engagement did not significantly moderate the association between home stability and youth outcomes. Directions for future research are discussed.

FRI 375**Academic and Mental Health Outcomes of Youth Placed in Out-of-Home Care: The Role of School Stability and Engagement**

(Abstract #1456)

Poster #FRI 375 (Clin Res, CPA, Neglect, Child/Adol) - Industrialized*Leonard, Skyler, Gudino, Omar University of Denver, Denver, Colorado, USA*

Children and adolescents placed in out-of-home care are at significant risk of low academic achievement and poor mental health. Few studies have considered the potential effects of school-related factors, such as school placement stability and school engagement, on youth outcomes. Using data from the National Survey of Child and Adolescent Well-Being (NSCAW), the current study examined the potential main effects of school placement stability and engagement on academic achievement and mental health in a longitudinal national sample of youth placed in out-of-home care. Furthermore, we examined whether school-related factors moderated the association between home placement stability and youth outcomes. Results of hierarchical regression analyses showed that school placement stability was an independent predictor of youth internalizing ($B = .62$, $p = .001$) and externalizing symptoms ($B = 0.68$, $p = .003$), after controlling for initial symptoms, home

placement stability, and relevant covariates. School placement stability was not significantly associated with academic outcomes. Furthermore, there was no main effect of school engagement or home placement stability on mental health or academic achievement and school-related factors did not emerge as significant moderators of the association between home stability and youth outcomes. Implications of these findings are discussed.

FRI 376

Examining Bidirectional Associations between School Engagement and Mental Health for Children in Contact with Child Welfare

(Abstract #1457)

Poster #FRI 376 (Clin Res, CPA, Neglect, Child/Adol) - N/A

Stiles, Allison, Gudino, Omar
University of Denver, Denver, Colorado, USA

Children in contact with the child welfare system represent a vulnerable population that is at an increased risk for negative mental health and academic outcomes due to trauma exposure. A large body of research has demonstrated the detrimental impact of trauma exposure on mental health and academic achievement. Although school engagement is an important determinant of academic success, surprisingly limited research has examined the relation between school engagement and youth mental health outcomes. Furthermore, only a couple of studies have considered the possibility of a bidirectional relationship between school engagement and youth mental health. Given the significant role that school engagement plays in academic achievement, and later life outcomes, this is a considerable gap in the literature on the well-being of youths in contact with child welfare. The present study addresses this issue by utilizing longitudinal data from a national sample of children in contact with the child welfare system, the National Survey of Child and Adolescent Well-Being (NSCAW). Cross-lagged Structural Equation Modeling will be used to examine the potential reciprocal relationships between youth mental health problems and school engagement at baseline, 18 months, and 36 months after the close of a child welfare investigation. Implications for resilience and school engagement will be discussed.

FRI 377

Cultural Values and PTSD in Latino Youth Exposed to Community Violence

(Abstract #1921)

Poster #FRI 377 (Clin Res, Comm/Vio, Cul Div, Ethnic, Child/Adol) M - N/A

Stiles, Allison, Molinar-Castillo, Tania, Gudino, Omar
University of Denver, Denver, Colorado, USA

Exposure to violence among ethnic minority youth is a major public health concern in the U.S. A growing body of research indicates that Latinos are at increased conditional risk of developing PTSD when exposed to violence, compared to non-Latinos. Despite this increased risk, however, prior research has not considered the role cultural values may play in this phenomenon. Utilizing data from a longitudinal sample of 168 Latino students ($M=11.35$ years, $SD=.54$; 56% girls), the current study examined associations between specific aspects of Mexican and Anglo-American cultural values and PTSD. Bivariate correlations suggested that specific Mexican cultural values (e.g., familism and traditional gender roles) were positively associated with higher rates of PTSD at Time 2 ($p<.05$). Similarly, all dimensions of Anglo-American values (e.g., independence and self-reliance) were positively associated with PTSD at Time 2 ($p<.05$). However, regression analyses controlling for initial PTSD symptoms and violence exposure during the course of the study revealed that only Mexican values remained as independent positive predictors of PTSD at Time 2 ($p<.05$). Results suggest that understanding risk for PTSD in Latino youths requires a careful approach that considers both heritage and U.S. cultural values and risk for exposure to trauma. Implications of results are discussed.

FRI 378

Project LOVE: A Community-Based Participatory Research Approach to Teen Dating Violence Prevention

(Abstract #221)

Poster #FRI 378 (Prevent, Commun, Comm/Int, Cul Div, DV, Child/Adol) - Industrialized

Coker-Appiah, Dionne¹, Wynn, Mysha²
¹Georgetown University School of Medicine,
Washington, District of Columbia, USA
²Project Momentum, Inc., Rocky Mount, North
Carolina, USA

Teen dating violence (TDV) is a national public health problem. The CDC defines TDV as the threat or use of physical, emotional or sexual abuse within a dating

relationship, to include stalking. Individuals experiencing TDV are at increased risk for multiple health outcomes. Therefore, there is a need to develop comprehensive TDV prevention interventions. Project LOVE is a community-based participatory research project that explored knowledge, perceptions, and beliefs about TDV among rural African American youth. We completed both semi-structured individual interviews and focus groups with youth between the ages of 12-21 years. The data was analyzed using a grounded theory approach. We will present findings related to youth perspectives regarding both prevention and intervention development. Youth held beliefs regarding ways in which TDV can be prevented, with a specific focus on: (a) youth, (b) parents, (c) social institutions, (d) communities, and (e) politicians. Youth also held beliefs about TDV intervention development related to: (a) target age, (b) format, (c) topics, (d) integration of both mental and sexual health components, (e) facilitators, (f) intervention settings, and (g) intervention duration. This presentation will provide relevant youth-informed findings that can inform future prevention research as well as intervention development.

FRI 379
Implicit Relationship-Harm Associations and Acceptability of Dating Violence among Adolescent Girls Who Witnessed Domestic Violence

(Abstract #233)

Poster #FRI 379 (Clin Res, Cog/Int, Dev/Int, Fam/Int, Child/Adol) - Industrialized

Lee, Michelle Seulki, Begun, Stephanie, DePrince, Anne, Chu, Ann
University of Denver, Denver, Colorado, USA

Little is known about the factors that predict acceptability of dating violence, particularly among adolescent girls who have witnessed domestic violence. The current study tests a model linking frequency of witnessing domestic violence in childhood and implicit relationship-to-harm associations (i.e., automatic cognitive associations between relationship and harm) to acceptability of dating violence. Participants were 92 female adolescents with a mean age of 15.94 (SD = 1.62) involved in the child welfare system. Participants self-reported childhood domestic violence exposure and acceptability of dating violence. An implicit task was utilized to assess implicit relationship-to-harm priming, which reflects the degree to which people automatically assume that relationships include harm. Results suggest that frequency of witnessing domestic violence has a direct effect on implicit relationship-to-harm associations. Implicit

relationship-to-harm associations were positively associated with acceptability of dating violence. DV exposure had a significant indirect effect on acceptability of dating violence through implicit relationship-to-harm associations. Implications for future research on broader populations and violence prevention among adolescent girls are discussed.

FRI 380
Adolescent Dating Violence Prevention among CPS-Involved Youth
 (Abstract #301)

Poster #FRI 380 (Clin Res, Chronic, Health, Prevent, Sleep, Child/Adol) - Industrialized

Wekerle, Christine
McMaster University, Hamilton, Ontario, Canada

Recent rates of adolescent dating violence from the CDC's Youth Risk Behavior Survey confirm high rates of physical assault for female (21%) and male (10%) high school students and that these are repeated assaults for most. A trauma-informed approach to the impact of experiencing child maltreatment while growing up in the home environment is consistent with a clustering of relationship-related issues, with the self (suicidality) and with others (being bullied; bullying), including intimates (dating violence). Objective: Using longitudinal data, we examine the prevalence of single and repeated dating violence among youth received child welfare services. Methods: The MAP Study tracked 561 randomly sampled mid-adolescents over a two to three year follow-up period to evaluate their relationships. Results: Dating violence was very common as compared to high school estimates (50% of youth); moreover, 10% of youth reported dating violence repeatedly across assessment points that translated into three or more years of consistent dating violence experiences. This presentation will consider the candidate variables that accelerate impairment (sleep problems), as well as those that buffer impairment (self-compassion). Conclusions: Given modest effects have been seen with high school programming, the need to target service populations and new targets for intervention will be considered.

FRI 381**The Relation between Mental Health Status and Suicide Risk of Veterans and the Physical and Mental Health Problems of their Family Members**

(Abstract #1867)

Poster #FRI 381 (Clin Res, Chronic, Fam/Int, Health, Mil/Vets, Lifespan) I - Industrialized**Scotti, Joseph, Neely, Claudia**
WHOLE Veterans, PLLC, Morgantown, West Virginia, USA

Research supports a relation between mental and physical health problems of veterans and exposure to combat and civilian traumatic events. Examination of how these factors may impact the mental and physical health of immediate family members of veterans is lacking. We examined findings from a survey of 1,134 West Virginia veterans (age 18-97) of multiple eras (WWII: 7% Female to OEF/OIF: 15% female). As in prior research, number of physical (cardiac, pulmonary, pain) and mental (PTSD, depression, suicide) health problems of veterans was positively correlated with exposure to a range of traumatic events. Central to this paper is the examination of how the physical and mental health problems of immediate family members (spouse/partner, parents, children) are related to the mental health of these veterans. Findings suggest that as physical and mental health problems of family members increase so do levels of suicide risk, PTSD, and depression in veterans. Several mental health problems in family members are at higher rates than the general population, prompting the need to further examine the directionality of any causal relation. Further, both veterans and family members from more rural WV counties had significantly more physical and mental health problems than those from urban areas. Implications for policy and healthcare delivery to are discussed.

FRI 382**Resiliency, Adaptability, & the Impact of Stable Parent Support on Parenting Intervention Outcomes with Maltreating Parents**

(Abstract #1721)

Poster #FRI 382 (Clin Res, CPA, Clin Res, Neglect, Lifespan) I - Industrialized**Welch-Swinney, Dakotah, Vlakancic, Morgan, Vincent, Rochelle, Pinna, Keri**
St. Catherine University, St. Paul, Minnesota, USA

Children who access internal and external support systems may be more equipped to overcome many forms of adversity (Reynolds & Kamphaus, 2004). However, young children are disadvantaged due to underdeveloped internal supports, and adversity such as child maltreatment occurs at the hand of the caregiver who would otherwise play a major role in the external support system. Moreover, social supports may not be available to or benefit young children in the same way that it benefits older individuals. However, social support may predict positive outcomes for parents receiving services for concerns of possible child maltreatment. Twenty parents suspected of child maltreatment were engaged in an evidence based parenting program. Parents completed the self-report measures social support (ISEL), and the BASC-2 as a measure of child functioning. Preliminary results suggest that, although children's resiliency was unchanged following parenting intervention $p = .51$, adaptability may be improving (pre-intervention $M = 12.86$, post-intervention $M = 14.21$) $t(13) 1.75$, $p = .10$. Furthermore, stable parental social support correlated with greater improvement in children's adaptability $r = .89$, $p = .02$. Implications will be discussed in the context of limitations inherent in this very small sample size, and reliance of parent report.

FRI 383**Providing Trauma-Informed Mental and Behavioral Health Care through the Integration in Primary Care Clinics**

(Abstract #760)

Poster #FRI 383 (Clin Res, Clin Res, Res Meth, Tech/Dis, Tech, Lifespan) - Industrialized**Osofsky, Howard, Hansel, Tonya, Speier, Anthony**
Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA

The American Psychological Association suggests that most people will experience a trauma in their lifetime and The National Comorbidity Survey Report suggests that around 8% of adult Americans will experience PTSD. Undiagnosed trauma symptoms may manifest as many physical health complaints, and without proper treatment can have long-term effects. Currently, Louisiana State University Health Sciences Center Department of Psychiatry is delivering trauma-informed mental and behavioral health services to residents in the 7 Louisiana parishes designated as most impacted by the Gulf Oil Spill. Services, designed to increase capacity on a sustainable basis, are provided through the Gulf Region Health Outreach Program—Louisiana Mental and Behavioral Health Capacity Project (MBHCP-LA). In establishing a program of mental and behavioral health integration in primary care clinics, MBHCP-LA

sought support and guidance from community stakeholders, health care providers and clinic administrators. Once these relationships and program structures were formed, the next step in providing trauma treatment involved screening for both exposure and symptoms. Data will be presented from clinic trauma screenings as part of the MBHCP-LA. Once identified, proper trauma-informed services can be provided. Services have resulted in decreased trauma symptoms for patients receiving treatment.

FRI 384
Integrating Trauma Informed Services for Children in Schools and Primary Care Clinics
 (Abstract #761)

Poster #FRI 384 (Clin Res, Commun, Child/Adol) M - Industrialized

Osofsky, Joy
LSU Health Sciences Center, New Orleans, Louisiana, USA

Many children and adolescents are also exposed to trauma and, if not addressed with services, can result in a trajectory of increased risk for emotional and behavioral difficulties and psychopathology into adulthood. A summary of studies from NCTSN suggests that somewhere between 8-68% of youth have been exposed to a traumatic event, with rates in disaster prone areas significantly higher. While the majority of these children do not develop full PTSD, they are more likely to demonstrate higher incidences of emotional, behavioral, academic, and physical difficulties following trauma exposure. For young children, SAMHSA has reported that exposure to adverse experiences in the first 3 years of childhood significantly increases the likelihood of language, emotional and/or brain developmental delays. Similar to adults, trauma treatment can help lessen or remediate many of these symptoms, but services are often inaccessible. Services can include education, support-based, and treatment (i.e. TF-CBT or CPP). This presentation will focus on the process of integrating trauma-informed services, as part of MBHCP-LA, into both schools and primary care clinics. Data will be presented on the decrease in trauma symptoms for children and adolescents receiving treatment. Recognizing the effects of trauma on children and providing services has been shown to be effective.

FRI 385
Using Telemedicine to Provide Trauma-Informed Services in Rural Primary Care Clinics

(Abstract #762)

Poster #FRI 385 (Clin Res, Clin Res, Res Meth, Tech, Care, Lifespan) - Industrialized

Wells, John
LSU Health Sciences Center, New Orleans, Louisiana, USA

Access to trauma-informed services for Louisiana coastal residents is of particular concern given repeated exposure to natural and man-made disasters. Between 1980 and 2012, the coastal areas were ravaged by at least 11 named storms, repeated flooding of river deltas, and numerous large-scale chemical releases and spills. The mental health damage caused by Hurricane Katrina in 2005 and its prolonged aftermath was exacerbated by the Gulf Oil Spill in 2010. Little recognized has been the impact on rural areas with few mental health services and often no access to trauma informed services at all. As part of the MBHCP-LA mission to increase access to sustainable services, telemedicine is being utilized to bring mental health services, including trauma informed providers, directly to rural primary care clinics. The program began by carefully integrating telepsychiatry with a combination of in-person and tele meetings, taking care not to sacrifice the trust that direct face-to-face communication builds. The program has extended trauma-informed telepsychology services to provide an overall telehealth approach, which has provided treatment to trauma survivors that otherwise would have never had access to care. Here we present an overview of our efforts, including data demonstrating the reduction in trauma symptoms for patients receiving services.

FRI 386
The Integration of Cross-Cultural and Trauma-Informed Behavioral Health Care in a Primary Care Clinic

(Abstract #763)

Poster #FRI 386 (Practice, Clin Res, Commun, Cul Div, Res Meth, Lifespan) - Industrialized

Winfrey, Keith
New Orleans East Community Health Center, New Orleans, Louisiana, USA

The New Orleans East Louisiana Federally Qualified Health Center (NOELA) is situated in a geographic location that was completely destroyed by Hurricane Katrina. In addition, with its proximity to the Gulf

Coast, many residents of the New Orleans East community are part of the fishing industry, which was heavily impacted by the oil spill. Community members receiving primary care services at NOELA represent a culturally diverse community, including many multi-lingual Vietnamese and Latino families. MBHCP-LA began collaborating with NOELA to identify resources, patient loads, projected mental health concerns, and specific needs of the clinic and community. With few other community health care resources, many of the residents access NOELA to meet all of their health care needs. Integration of behavioral health provides access to services that would otherwise require over 20 miles of travel with limited public transportation. Importantly, integration of trauma-informed services has allowed access to treatment in an area prone to disaster and complex trauma. This presentation will describe NOELA as an example of integrated care that is both cross-cultural and trauma-informed, presented by the Chief Medical Officer of the clinic.

CULTURE/DIVERSITY & GLOBAL ISSUES

FRI 387

Association between Natural and Human Instigated Traumatic Exposure and Posttraumatic Anger amongst Internally Displaced Persons in Aceh Barat, Indonesia
(Abstract #1935)

Poster #FRI 387 (Global, Aggress, Rights, Nat/Dis, Refugee, Adult) I - E Asia & Pac

Steel, Zachary¹, Silove, Derrick²

¹University of New South Wales, Randwick, NSW, Australia

²University of New South Wales, Sydney, NSW, Australia

This poster presents findings from a multistage probabilistic survey undertaken amongst 650 adults living in internally displaced camps as a result of the 2004 Asian Tsunami that hit Aceh Barat on south-west coast of Aceh, Indonesia. The survey was undertaken during 2007 by Yasan Mulia Hati, a local non-government organization formed in the wake of the tsunami with support from the University of New South Wales. Nearly all (96%) of the respondents surveyed had lost their house and belongings, with 85% having lost a family member or friend and 65% seeing a family member or friend swept away. The nature of the complex emergency in Aceh is reflected by the finding that in addition to the Tsunami, 19% of respondents also reported being exposed to combat during the conflict in that region. Explosive anger was common with 35% reporting daily or weekly episodes of anger attack. We applied latent class analysis in MPUs to examine how trauma clustered within the IDP sample and how the association between the classes of trauma, PTSD and Anger attacks was manifested.

FRI 388

The Relationship between the Memory Characteristics of the Event and the Integration of Major Event Experience into Personal Life Mediated by Social Sharing
(Abstract #1140)

Poster #FRI 388 (CulDiv, Comm/Int, Comm/Vio, Social, Surv/Hist, Adult) M - E Asia & Pac

Lee, Nabin, Min, Moonkyung, Ahn, Hyunnie
Ewha Womans University, Seoul, South Korea

When societal crises occur (e.g., disasters, mass killings), people express their thoughts and emotions

with others in person or via social media. This is referred to as social sharing. Our study aimed to find out how social sharing mediates different memory traits (vividness, emotional intensity, and valence) of such major events and the individuals' capacity to integrate those events into their personal identity (i.e., event centrality). We also hypothesized that there would be a difference between the individuals who directly experienced the event (e.g., had been present at the scene) versus those indirectly affected (e.g., watched on the news). We developed a questionnaire of Korean major societal events, and used the scales from Memory Experience Questionnaire (Sutin & Robins, 2007) and Central Event Scale (Bernsten & Rubin, 2006). Results from the multi-group analysis (direct group, $n=286$; indirect group, $n=560$) showed that social sharing fully mediated vividness and emotional intensity and event centrality in both groups. However, in the case of negative valence, direct group showed no mediation effect whereas indirect group did. From this study, we assume that social sharing can function as a buffer when societal crises occur. However, further discussion is included regarding why directly affected people refrain from social sharing when the memory is negatively valenced.

FRI 389

Does Adult Attachment and Child Abuse Influence the Development of PTSD Symptoms in Adulthood? Preliminary Results in a Chilean Sample

(Abstract #1702)

Poster #FRI 389 (Global, CPA, CSA, Fam/Int, Health, Adult) M - Latin Amer & Carib

Fresno, Andres, Spencer Contreras, Rosario, Espinoza Chaparro, Camila, Bravo, Patricia, Ramos Alvarado, Nadia
Universidad de Talca, Talca, Maule, Chile

Child abuse and insecure attachment bond are described by the literature as risk factors for the development of PTSD symptoms in adulthood. Studies that assess simultaneously these variables as antecedents of PTSD don't agree about the role of each one to explain PTSD symptoms. The aim of this study is to evaluate the relationship between the independent variables (attachment quality and child abuse) as predictors of PTSD symptoms in a non-clinical sample of Chilean young adults. Our hypothesis proposes that both, the insecure attachment's strategies and the experiences of child maltreatment predict the symptoms of PTSD in adulthood, more than each of these variables independently do. 33% men and 66% women ($N=850$) respond the CAMI questionnaire to assess child abuse and the ECR scale to measure the adult

attachment strategies. To evaluate the PTSD symptoms, we use the PCL questionnaire. Results show that while insecure avoidant attachment strategy is related to the symptoms of PTSD in adulthood, the experience of maltreatment in the childhood is not. On the other hand, the two independent variables together don't explain better the PTSD symptoms. We conclude that, in this non-clinical sample, an early insecure attachment bond, and an avoidant attachment strategy in adulthood, would be a risk factor for the development of PTSD in adulthood.

FRI 390

Working with International Populations who Experience Sexual Violence: A Critical Examination of Sociocultural Impacts on Research Methods and Applications

(Abstract #934)

Poster #FRI 390 (CulDiv, Ethics, Global, Rape, Res Meth, Adult) I - Global

Barton, Sarah, Wickline, Virginia
Miami University, Oxford, Ohio, USA

Growing awareness of sexual violence against women has been crucial in the identification and establishment of interventions for women around the globe (World Health Organization, 2013). However, the theories, definitions, and conceptualizations have largely been based on women's experiences within Western, educated, industrialized, rich, and democratic societies (WEIRD), which only includes 12% of the world's population, and therefore do not appear to be universal or applicable to non-Western societies (Hwang, 2013). The current paper further expands conceptualizations, theories, and definitions of sexual violence based on emic approaches, which view culture as an integral part of human behavior rather than an external factor. These approaches are crucial for critically evaluating current approaches for conducting research with international populations who have experienced sexual violence and for providing recommendations for conducting future research with such diverse populations. An ecological systems theory approach, integrating research from a number of diverse disciplines, will be utilized in order to address how sociocultural differences impact each stage of the research process from conceptualization of the research question to interpretation of results. Issues related to ethics, as well as implication for practice and policy, will also be discussed.

FRI 391
PTSD Treatment Choice and Reason for Preference in Japanese Female College Students

(Abstract #427)

Poster #FRI 391 (CulDiv, Pub Health, Rape, Care, Adult) I - Industrialized

Saito, Azusa¹, Tsuruta, Nobuko², Asukai, Nozomu³
¹Mejiro University, Shinjuku-ku, Tokyo, Japan
²Victim Support Center of Tokyo, Shinjuku-ku, Tokyo, Japan
³Tokyo Metropolitan Institute of Medical Science, Setagaya-Ku, Tokyo, Japan

Background: Previous studies in the US investigated the preference of trauma-focused psychological treatment and SSRIs in female college students (Cochran et al, 2008). However, few studies have examined PTSD treatment preference in a non-Western setting. Our study is the first to investigate PTSD treatment preference in Japan. Methods: Two hundred and thirty three Japanese female college students (mean age = 20.7, SD = 3.7) participated in our study. We examined their trauma history and trauma-related responses using the Impact of Event Scale-Revised (IES-R). Next they answered questions on treatment choice (SSRI, trauma-focused psychological treatment, or no treatment) and reason for preference based on the scenario. Results: Overall, 64.6% of participants chose trauma-focused psychological treatment; 26.3% chose SSRI treatment; and 9.1% chose no treatment ($\chi^2(2) = 130.80, p < .01$). Most common reasons of each preferences are wariness of medication (45.7%), reluctance to confront the problem (34.4%) and wariness of treatment (42.6%). Conclusion: Similar to the finding in the US, Japanese students also showed preference for trauma-focused psychological treatment rather than drug treatment or no treatment. Most common reason in Japanese students was negative feelings to the alternative choice, while most common reason in the US students was positive feelings to their choice.

FRI 392
Sexual Orientation Discrimination Mediates the Relationship between Family Social Support and PTSD Symptoms in a Sample of Traumatized Lesbian, Gay, and Bisexual (LGB) Adolescents

(Abstract #1066)

Poster #FRI 392 (CulDiv, Cul Div, Child/Adol) I - Industrialized

Wise, Anna¹, Smith, Brian¹, Armelie, Aaron², Boarts, Jessica¹, Delahanty, Douglas¹

¹Kent State University, Kent, Ohio, USA

²Tulane University, New Orleans, Louisiana, USA

LGB youth are at an increased risk for victimization and often report low levels of social support. Low social support is associated with poor psychological outcomes in LGB adolescents. Perceived discrimination related to sexual orientation has also been found to contribute to emotional distress in LGB youth. We examined sexual orientation discrimination stress as a mechanism through which family social support predicts PTSD symptoms in a traumatized sample of LGB adolescents. We recruited (N=76) LGB adolescents from a social service agency. The sample consisted of 49 males, and 80.3% identified as African-American with a mean age of 19.8 (SD = 2.2). Participants completed a questionnaire battery including questionnaires about stress related to sexual orientation discrimination experiences, PTSD symptoms, and perceived family social support. A mediation model with 1,000 bootstrapping resamples examined the mediating effect of stress from sexual orientation discrimination on family social support and PTSD symptoms. Sexual orientation discrimination stress had a significant indirect effect (95% BCI: -.487, -.005) on the relationship between family social support and PTSD symptoms. Results indicate that low family social support impacts perceptions of sexual orientation discrimination which leads to more PTSD symptoms after a traumatic event.

FRI 393
Investigation of Memorialization Processes of Different Grieving Agents after the Sewol Ferry Disaster

(Abstract #1753)

Poster #FRI 393 (CulDiv, Acc/Inj, Comm/Int, Grief, Self-Care, Lifespan) A - E Asia & Pac

Joo, Hyesun, Moon, Heejeong, Cho, Yoonhwa, Ahn, Hyunnie
 Ewha Womans University, Seoul, South Korea

In April 2014 the traumatic loss of 304 passengers on the Sewol ferry shocked and saddened Korean society. As the nation grieved, many different memorial ceremonies have been performed. Goal of this study is to examine similarities and differences in memorialization processes amongst four groups; 1) survivors, 2) the bereaved, 3) the general populace, and 4) public institutions. Using Korea's major web portal, Naver, 200 articles from April 2014 to January 2015 were collected, and two trained coders conducted a content analysis. Results show that all groups expressed feelings of guilt and sadness and communicated a "we-will-never-forget" pledge.

However, our analysis shows that the pledge took on different meanings for different groups. The survivors and bereaved focused on remembering those lost, while the general populace and public institutions groups emphasized searching for the causes of the incident to prevent future disasters. The public institutions group especially stressed producing official public reports for this purpose. While deep initial grief marked the memorials of all groups, and of course, the survivors and bereaved continue grieving individually, as time passed by the populace and public institutions shifted their emphasis to reflection on the disaster as a disaster to prevent future tragedies.

FRI 394
Implementation of World Health Organization Guidelines for the Treatment of Stress-Related Mental Health Problems in Uganda: A Qualitative Study
 (Abstract #439)

Poster #FRI 394 (Global, Cul Div, Refugee, Train/Ed/Dis, Care, Lifespan) M - E & S Africa

Kane, Jeremy, Tol, Wietse
Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA

In 2013, the World Health Organization published new guidelines for the management of conditions specifically related to stress (acute stress, PTSD, bereavement) in non-specialized (primary care) settings. However, it is uncertain to what extent such guidelines can be implemented in diverse socio-cultural and health system settings. This qualitative study assessed the feasibility and acceptability of the guidelines in four districts that provide mental health services in post-conflict Uganda. In-depth semi-structured interviews were conducted with 19 mental health care providers and program developers. An emergent thematic analysis was used to develop a coding scheme for the transcribed interviews. The guidelines were viewed positively by many mental health professionals in Uganda but a number of critical barriers to implementation were identified. These included: a lack of trained and qualified mental health professionals to deliver psychological interventions; resistance from specialists on blanket statements regarding use of medication; treatment expectations from patients for non-recommended treatments; and concerns about cultural adaptability of psychological interventions, such as eye movement desensitization and reprocessing. These results will inform guideline dissemination and implementation practice and research in other low resource post-conflict settings.

FRI 395
On-the-Job Trauma: Witnessing Preventable Death and Suffering of Patients and the Moral Distress Experienced by Health Workers in Rural Uganda
 (Abstract #1356)

Poster #FRI 395 (Global, Chronic, Cul Div, Other) I - E & S Africa

Dewey, Lauren, Allwood, Maureen, Bell, Tamara, Nokes, Natalie
John Jay College, CUNY, New York, New York, USA

Limited research from low resource settings suggests that in addition to staffing levels that are inadequate to meet patient demand, a lack of basic material requirements, such as gloves, can leave nurses immobilized, unable to stop preventable deaths and suffering (Fournier et al., 2007). These experiences can contribute to feelings of moral distress, defined as the psychological pain that occurs among nurses when they know but are unable to pursue the most ethical course of patient care (Jameton, 1984). The present study examined moral distress within a sample of experienced and in-training healthcare providers in Fort Portal, Uganda. As part of a larger study, participants (n=160) provided written responses to five open-ended questions about times when they believed they were unable to provide patient care that met professional and/or ethical standards. Three coders performed thematic analysis on all responses, using an iterative process of coding and code revision to explore the situations that commonly lead to moral distress among healthcare providers in rural Uganda and the ways in which they respond. Government and authority issues, preventable deaths, and extreme poverty emerged as common contributors to moral distress. Major themes characterizing response and agency included an attitude of perseverance as well as improvising with the means available.

FRI 396
A Trauma-Informed Approach to the Nursing Crisis: Lessons from Nursing and Midwifery Students in Uganda
 (Abstract #1335)

Poster #FRI 396 (Global, Chronic, Cul Div, Self-Care, Other) I - E & S Africa

Dewey, Lauren, Allwood, Maureen, Nokes, Natalie, Bell, Tamara
John Jay College, CUNY, New York, New York, USA

Experiences of secondary traumatic stress (STS) and burnout among nurses are associated with nurse

retention problems (de Boer et al., 2011; McHugh et al., 2012) even among new graduates (Rudman et al., 2014). In order to inform prevention efforts, we must try to understand factors related to the psychological health of nurses, especially in low resource settings. This longitudinal study examined the use of effective coping in reducing symptoms of STS and burnout among a sample of nursing and midwifery students in Fort Portal, Uganda. Participants (n=159) completed self-report, psychosocial measures assessing symptoms of STS and burnout, trauma history, symptoms of PTSD and depression, and coping styles at two time points. In order to predict which coping styles endorsed at baseline predict fewer symptoms of STS and burnout 13 months later, the study used independent linear regression models, controlling for relevant demographics, (e.g., gender) and mental health covariates (e.g., direct victimization). This unique sample, with high rates of trauma exposure and 46% meeting criteria for clinically significant symptoms of PTSD, provides an opportunity to discuss the associations among symptoms of PTSD, STS, burnout and cross cultural variations in symptom presentation, as well as effective coping strategies.

SOCIAL ISSUES – PUBLIC POLICY

FRI 397

Potentially Traumatic Events and Risky Sexual Behavior in Undergraduate College Students

(Abstract #1029)

Poster #FRI 397 (Social, Acc/Inj, Health, Nat/Dis, Rape, Adult) M - Industrialized

Moore, Ashlee, Overstreet, Cassie, Adkins, Amy, Amstadter, Ananda, Kendler, Kenneth, Dick, Danielle
Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

Sexual assault is associated with risky sexual behavior (RSB) but the relationship between RSB and a range of potentially traumatic events (PTEs) has not been determined. We examine the influence of accidental, physical and sexual PTEs on RSB using a longitudinal study of college students (N=970). Participants' RSB score was computed by summing RSBs (including being under age 13 at first sexual experience, and the following past 3-month behaviors: sex with 3 or more partners, unprotected sex and sex while under the influence). PTEs were divided into four categories: Accidental PTEs (natural disaster and/or transportation accident), physical PTEs (physical assault), sexual PTEs (sexual assault and/or other unwanted sexual experience), and any PTEs (accidental, physical and/or sexual PTEs) with each category assessed as both binary lifetime and binary past 12-month variables. Analyses were conducted using linear regression. Lifetime physical PTEs as well as lifetime and past 12-month sexual PTEs were significantly associated with RSB ($\beta=.33$, $\beta=.41$, $\beta=.33$, respectively) after accounting for demographics, extraversion and impulsivity. However, there was no association between lifetime PTEs or lifetime/past 12-month accidental PTEs and RSB. Results suggest that assessment of interpersonal (physical and sexual) PTEs may be relevant to potential interventions aimed at RSB reduction.

FRI 398

A Multilevel Analysis: Contextual and Individual Characteristics Predicting Individual Health Outcomes of Gulf Coast Residents Affected by the Deepwater Horizon Oil Spill

(Abstract #1603)

Poster #FRI 398 (Social, Anx, Depr, Tech/Dis, Adult) M - Industrialized

Ferreira, Regardt

Tulane University School of Social Work, New Orleans, Louisiana, USA

The disaster mitigation paradigm frames the impact of contextual and individual indicators, on the ability of individuals and communities to be resilient towards disaster. Andersen's *Behavioral Model of Health Utilization* framed the study conceptually, supplemented by the *Disaster Resilience of Place model* (DROP). Methods: A multilevel, repeated cross-sectional design with a three-level, nested structure was used. Secondary data for the individual level was gathered from the Behavioral Risk Factor Surveillance System collected after the BP Oil Spill Disaster in 2010, with community level data gathered from 14 national data sources. The study consisted of 28,556 individuals. The outcome variable (self-rated health - ordinal), allowed for a multinomial response model. Results: One-third of the sample reported poor health over the study period. Inequitable disaster mitigation, with contextual social resilience, individual social vulnerability, mental health status (PHQ8 & GAD-7), individual economic resilience and contextual infrastructure resilience indicators explained the most variance in the self-rated health over the 12 month study period. Conclusion: Mental health educators, practitioners, policy makers working on disaster resiliency practices, will benefit from the study findings by fostering improved health outcomes for those faced by an increased amount of disasters.

FRI 399

A Longitudinal Study of the Bidirectional Relationship between Social Support and Posttraumatic Stress Symptoms following a Natural Disaster

(Abstract #1755)

Poster #FRI 399 (Social, Comm/Int, Health, Prevent, Adult) M - Industrialized

Platt, Jonathan¹, Lowe, Sarah², Koenen, Karestan³, Galea, Sandro⁴

¹College of Public Health & Carver College of Medicine, University of Iowa, New York, New York, USA

²Columbia University, Mailman School of Public Health, New York, New York, USA

³Columbia University, New York, New York, USA

⁴Boston University, Boston, Massachusetts, USA

Background: The relationship between social support and mental health in the aftermath of disasters is a product of social causation, wherein social support predicts psychiatric disorders, and social selection, where psychiatric disorders predict levels of social support. Few studies have examined these processes concurrently, nor investigated their durability over

time. The present study examined the longitudinal and bidirectional relationships between social support and posttraumatic stress (PTS) in a post-disaster context. Methods: Data were from the Galveston Bay Recovery Study of 658 adults, interviewed 2-6, 5-9, and 14-19 months after Hurricane Ike. Longitudinal, cross-lagged panel models were used to compare perceived emotional, informational, and tangible support with PTS symptoms. Results: Estimates were significant for the path from Wave 1 emotional support and Wave 2 PTS (-0.107; p=0.012), and from Wave 1 PTS to Wave 2 emotional support (-0.098; p=0.043). All other estimates were non-significant. Discussion: Wave 1 emotional support was negatively associated with Wave 2 PTS symptoms, consistent with social causation. Wave 1 PTS symptoms were negatively associated with emotional support at Wave 2, consistent with social selection. Social support and PTS were not statistically associated after Wave 2, suggesting that the relationship diminishes over time.

FRI 400

Mental Health Treatment in Veterans with Traumatic Brain Injury (TBI) and Anxiety, Depression or Post Traumatic Stress Disorder (AD_PTSD): A Population Based Sample

(Abstract #921)

Poster #FRI 400 (Social, Depr, Illness, Pub Health, Mil/Vets, Adult) I - Industrialized

Schüssler-Fiorenza Rose, Sophia Miryam¹, O'Hara, Ruth²

¹VA Palo Alto Health Care System/Stanford University School of Medicine, USA, California, USA

²Stanford University, Stanford, California, USA

Our aim was to evaluate reported mental distress and suicidal ideation and compare treatment rates in veterans with TBI and/or AD_PTSD. We analyzed data (n = 13,617) from 10 states who administered the Behavioral Risk Factor Surveillance Systems Veteran's Health Module in 2010-2012 accounting for the complex survey design and weights. Veterans were asked whether they had received a diagnosis of TBI or AD_PTSD. Other measures included high mental distress (>14 days of past-month poor mental health), suicidal ideation and receipt of past-year mental health treatment. AD_PTSD only was reported by 13.7%, TBI only by 1.9%, and TBI & AD_PTSD by 1.9%. Veterans with AD_PTSD had the highest levels of mental distress (TBI & AD_PTSD: 35%, AD_PTSD 33%), followed by those with TBI (21%), compared to only 5% without these diagnoses. Veterans with AD_PTSD and/or TBI more commonly reported suicidal ideation (TBI & AD_PTSD 20%, AD_PTSD 20%, TBI 10%) compared to veterans without these diagnoses (1.9%). Veterans with TBI & AD_PTSD

reported the highest rates of past-year treatment 69% followed by those with AD/PTSD 43% with much lower rates in those with TBI 6.6%. Despite elevated levels of mental distress and suicidal ideation, veterans diagnosed with TBI alone report low rates of treatment. Identification of barriers to treatment is vital to ensure that these veterans receive needed services.

FRI 401

Predicting Victim Injury from Criminal Domestic Violence Police Reports

(Abstract #250)

Poster #FRI 401 (Social, DV, Health, Adult) M - Industrialized

Karlsson, Marie, Reid-Quinones, Kathryn, Wallace, Megan, Lopez, Cristina, Rheingold, Alyssa
Medical University of South Carolina, Charleston, South Carolina, USA

Domestic violence (DV) is a major health concern. Although DV is a crime, only 55% of all DV cases are reported to the police (Truman & Morgan, 2014). In close to 50% of all criminal DV cases reported to the police, the victim had visible injuries. Moreover, women are at greater risk than men to be injured and killed by their partners (Catalano, 2013). In the current study we investigated predictors (demographic variables – gender, age, and race – and incident variables – day, time, location, relationship type, weapon use, and substance use) of victim injury from 1,451 criminal DV police reports. Approximately 50% of the victims had visible injuries, with a total of 1,024 injuries; 70% of the injuries were to the face/head or upper extremities. Results from univariate statistics showed that gender, race, relationship type, time of the day, and substance use affected the likelihood of the victim being injured (p s < .05). Logistic regression predicting victim injury from demographic variables (step 1; χ^2 (10) = 30.88, p = .001, Nagelkerke R^2 = 3.0%) and incident variables (step 2; χ^2 (25) = 39.56, p < .05, Nagelkerke R^2 = 6.8%) was significant and accurately classified 59.1% of the participants. More specifically, race, relationship type, and time of the day were significant predictors (p s < .05). Implications for prevention and intervention of DV will be discussed.

FRI 402

The Impact of Police Interactions on Mental Health Symptoms: a Mixed- Method Analysis in Adolescent Gang Members

(Abstract #326)

Poster #FRI 402 (Social, Anx, Comm/Int, Comm/Vio, Pub Health, Child/Adol) M - Industrialized

Pacella, Maria, Quinn, Katherine, Dickson-Gomez, Julia, Broadbudd, Michelle, Galletly, Carol
Medical College of Wisconsin, Milwaukee, Wisconsin, USA

Negative police interactions with urban youth may lead to stress, anxiety, and depression; it is likely these outcomes are magnified in adolescent gang members. This study applied mixed methods to address the frequency and consequences of police interactions in male and female gang members aged 14-19. Interviews ($n=58$) revealed numerous negative interactions with police (perceived unwarranted stops/searches, harassment, unsanctioned home entries, and abuse). Surveys ($n=417$) revealed frequencies of 19% for police brutality (beaten/physically abused) and of 66% for being searched, stopped and questioned without cause by police. Though males and African Americans reported the greatest number of police interactions, mental health symptoms (stress/depression/PTSD) were highest among females and multiracial participants. Controlling for gender, race, and neighborhood disorder, regressions revealed that being searched/stopped/questioned without cause uniquely predicted stress ($\beta=.16$, $p < .01$); having been arrested or taken to jail uniquely predicted depression ($\beta=.16$, $p < .01$), overall PTSD symptoms ($\beta=.13$, $p=.04$), and specific symptom clusters of avoidance and hyperarousal (p 's < .04). These results may inform prevention/intervention efforts to reduce the negative impact of police interactions on mental health and hypervigilant and avoidant cognitions/behaviors in youth gang members.

TRAINING/EDUCATION/ DISSEMINATION

FRI 403

Do Battered Women Use Alcohol to Cope Their Symptoms? A Study in a Spanish Sample

(Abstract #682)

Poster #FRI 403 (Train/Ed/Dis, Assess Dx, Clin Res, DV, Adult) M - Industrialized

Crespo, Maria, Fernández-Lansac, Violeta, Gómez-Gutiérrez, M. Mar
Universidad Complutense De Madrid, Madrid, Spain

Following Golding (1999) data it has been recognized that battered women show an increased use of alcohol compared to general population; alcohol would bring them a short-term relief for their emotional distress. Golding's meta-analysis found a mean prevalence of 18.5% for alcohol use among battered women, which was significant higher than the 8.2% found in American general population (Kessler et al., 1994). However, several studies in Spanish samples have found significant lower rates of alcohol use in battered women, ranging from 0 to 8.1% (Alonso, 2007; Arinero, 2006; Fernández-Velasco, 2014). The low alcohol use found in Spanish samples could relate to the application in all the studies of the CAGE in interview format. To test this hypothesis the present study assessed alcohol use in 50 battered women and 50 control women from general population, using the AUDIT, which has probed better sensitivity to detect drinkers at an earlier stage (McCusket et al., 2002). Moreover to test the effect of the interview format, which could increase the effect of social desirability, AUDIT was applied in two formats: complete AUDIT in interview format and brief AUDIT-C in self-report format. Results will be presented comparing alcohol use in battered vs. control women, and also in the AUDIT interview vs. AUDIT-C self-report format. Clinical implications of the results will be discussed.

FRI 404

Traumatic Stress and Credibility Assessment in Legal Decision Making

(Abstract #517)

Poster #FRI 404 (Train/Ed/Dis, Cul Div, Rights, Rape, Refugee, Adult) M - Global

Herlihy, Jane

Centre for the Study of Emotion & Law, London, United Kingdom

Credibility assessment is central to many legal decisions, especially those with little corroborating evidence, like sexual assault/rape and refugee protection claims. A study of 118 analogue refugee status decisions showed decision makers may misinterpret PTSD as indications of lying (Rogers et al., 2014). A program of research shows that psychological sequelae of PTSD and Depression are poorly recognised by immigration lawyers (n=12; Wilson-Shaw et al., 2012) and that assumptions, not in line with scientific evidence, are made by judges about human behaviour and truth-telling (n=117 assumptions; Herlihy et al., 2010). The poster presents a series of studies on memory consistency (n=39; Herlihy et al., 2002), overgeneral memory (n=38; Graham et al., 2014) and disclosure (Bogner et al., n=27; 2007; 2009) in the asylum process, as well as studies examining the intersection of PTSD symptoms and the reporting of rape, e.g. Hardy et al., (2009) which suggests that women with more peritraumatic dissociative symptoms are more likely to withdraw their allegations for fear of being judged unbelievable, and new data exploring inconsistencies in repeated accounts of a rape, commonly used to discredit complainants (Johnson, in prep). The poster explains the importance of undertaking and disseminating applied evidence on psychological trauma for decision makers in crucial areas of law.

FRI 405

From Operational Stress to Relational Stress: An Examination of Intimate Relationship-Related Thoughts in a Sample of Canadian Forces Veterans with Mental Health Symptoms

(Abstract #290)

Poster #FRI 405 (Train/Ed/Dis, Clinical Practice, Cog/Int, Fam/Int, Mil/Vets, Adult) I - N/A

Duranceau, Sophie, Carleton, R. Nicholas

University of Regina, Regina, Saskatchewan, Canada

Recently developed Operational Stress Injury (OSI) interventions now include veterans and their partners; however, research on specific thoughts associated with intimate relationship disruptions and their associations with OSI symptoms (i.e., posttraumatic stress disorder [PTSD], depression, substance use) remains nascent. The present study examined the relationships between different OSI symptoms and specific relationship-related thoughts. A sample of 1129 (96% men) Canadian Forces veterans completed self-report measures (i.e., PCL-M; CES-D, AUDIT) and questions regarding intimate relationship concerns as part of a mail-out survey. Using logistic regression models, alcohol use ($p=.01$), depression ($p<.001$), numbing ($p=.03$), and hyperarousal ($p=.03$) symptoms were related to increased concerns about

not being understood by one's partner. Depression, ($p=.006$) and numbing ($p=.02$) symptoms were associated with increased perceived difficulty finding a compatible partner. Only depression symptoms ($p=.002$) were related to concerns about one's partner not displaying enough affection. Thoughts related to not feeling understood by one's partner or perceiving difficulties finding a compatible partner may benefit from being targeted in OSI treatments, especially for veterans with severe depression and numbing symptoms. Comprehensive results and implications are discussed.

FRI 406

AboutFace: A Qualitative Study of an Approach to Reduce Stigma and Improve Readiness to Seek Services among Veterans
(Abstract #818)

Poster #FRI 406 (Train/Ed/Dis, Clinical Practice, Media, Train/Ed/Dis, Adult) I - Industrialized

Hamblen, Jessica¹, Bippart, Victoria², Bunnell, Brian³, Davidson, Tatiana³, Ruggiero, Kenneth³

¹VA National Center for PTSD/White River Junction VA Medical Center, White River Junction, Vermont, USA

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

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

AboutFace, developed by the National Center for PTSD, is a peer education resource designed to increase engagement in treatment. Since its launch it has had over 90,000 visits to the site, but investigation of its acceptability and usability are necessary to ensure optimal effectiveness in encouraging treatment seeking in veterans. Usability testing is being conducted with 20 treatment-referred Veterans with PTSD. Qualitative interviewing strategies are being used while Veterans navigate through *AboutFace* for approximately 60 minutes. Following this, a thematic semi-structured interview takes place to assess the Veterans' experience with *AboutFace*. Interviews are being recorded, transcribed, and imported into NVivo 10 qualitative analysis software, which allows for the coding of common themes. General themes in qualitative interviewing will address: (a) general satisfaction (e.g., what was helpful/not helpful, engaging/confusing, ability to relate to the videos); (b) perceived changes in knowledge about the nature of PTSD treatment; and (c) perceived changes in attitudes toward seeking mental health treatment. Results of usability testing and qualitative interviews will be presented. It is critical to obtain detailed feedback from these target populations to improve the field's understanding around how to optimize these

resources to maximize usefulness, relevance, and reach.

FRI 407

Implementing the New Haven Trauma Competencies in a Comprehensive, Trauma-Focused Training Program in Child Psychology: Toward a Competency Based Assessment
(Abstract #450)

Poster #FRI 407 (Train/Ed/Dis, Theory, N/A) M - Industrialized

Long, Richelle¹, Celada, Teresa², Rogers, Karen³

¹Children's Hospital Los Angeles - University of Southern California, Los Angeles, California, USA

²Children's Hospital Los Angeles, Los Angeles, California, USA

³University of Southern California Keck School of Medicine, Los Angeles, California, USA

With the release of the New Haven Trauma Competency Group's Statement on Trauma Mental Health in 2014, the field of trauma mental health services, has a new way of thinking about professional development and what it takes to maintain a successful and personally sustaining career in trauma work. Understanding and assessing these competencies is especially important for training programs preparing trauma psychologists and other mental health professionals to be competent practitioners. We sought to compare a trauma-focused APA accredited post-doctoral training program in child psychology to the New Haven Trauma Competencies in an effort to understand how an established training program develops competence in trainees and how to develop an evaluation of the competence of trainees in a specialty clinic. The project was developed as a first step in identifying needs and directions for developing a competency based assessment measure to assess trainees' readiness for independent practice as culturally sensitive trauma psychologists. Recommendations will be made for applying this competency-based framework to mental health training in the child/adolescent field, evaluating trauma competency in post-doctoral training, and developing institutional policy to support the development of trauma competency.

FRI 408
Implementing Trauma-Informed Care in a Pediatric Medical Setting: Results from a Pilot Program

(Abstract #239)

Poster #FRI 408 (Train/Ed/Dis, Clin Res, Health, Prevent, Pub Health, Other) I - Industrialized

Harrison, Cecelia¹, Kohser, Kristen², Murray, Carol¹, Steinmiller, Elizabeth², Lamaina, Joshua², Marsac, Meghan³

¹Center for Injury Research & Prevention, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

²The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

³University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

Background: Adverse experiences and trauma symptoms in childhood affect health outcomes. Delivering medical care using a trauma-informed care (TIC) approach can improve outcomes, prevent new trauma, and support staff. We piloted a TIC training model for pediatric medical institutions. Using web-based and in-person didactics, our training programs aim to increase understanding of the impact of trauma and establish TIC practices. This presentation includes preliminary data on TIC knowledge, confidence, and training satisfaction. Method: 94 staff members (physicians, nurses, social workers) participated in an introductory training webinar. Participants completed pre/post measures to gauge their knowledge of TIC. A sub-group of 24 participated in additional in-person training. Results: Findings suggest a significant increase in the understanding of TIC post-training, $t(46)=-5.88$, $p<0.001$, $d=1.19$), confidence in identifying symptoms of trauma, $t(46)=-3.60$, $p=0.001$, $d=0.66$), and understanding how to respond to children with exposure to trauma, $t(46)=-4.30$, $p<0.001$, $d=0.74$), following the introductory webinar. Results remained consistent after the second, in-person training. Data suggests high satisfaction with training (e.g., over 90% recommend training to others). Conclusion: This introductory model yielded promising results in the increase of knowledge and understanding of TIC.

FRI 409
Developing a Trauma-Informed Care Curriculum for Medical Students, Part II: Lessons Learned

(Abstract #141)

Poster #FRI 409 (Train/Ed/Dis, Health, Pub Health, Train/Ed/Dis, Care, Other) I - Global

Kimball Franck, Leslie, Al-Mateen, Cheryl
 Virginia Commonwealth University, Richmond, Virginia, USA

Estimates vary, but it is commonly agreed that a sizeable proportion of the population will be exposed to at least one traumatic event in their lifetime. In addition, a traumatized individual's first discussion about the event(s) is likely to be with a non-mental health professional, such as a primary care physician or other medical professional. Therefore, it is important that medical students receive adequate training in trauma-informed care. Most medical schools do not include this information in their curricula, and if they do, it is taught on a limited basis only to those medical students who express an interest in the behavioral sciences, such as psychiatry. The purpose of this presentation is to share the process of developing a trauma-informed care curriculum for first- and second-year medical students. This poster will review the outcomes of the first year of this curriculum development, and will be a continuation of the poster presented in 2013 on this topic, from the initial planning, through adaptations made due to reduction of instruction time, the use of the Adverse Childhood Experiences Study and new technologies in getting medical students to be engaged in learning about psychological trauma, and changes made to the curriculum as a result of feedback given by the medical school administration and medical students themselves.

FRI 410
Applying Resilience Promotion Training among SWAT Officers

(Abstract #177)

Poster #FRI 410 (Train/Ed/Dis, Clin Res, Health, Train/Ed/Dis, Self-Care, Other) M - Industrialized

Andersen, Judith¹, Papazoglou, Konstantinos¹, Koskelainen, Mar², Nyman, Markku², Gustafsborg, Harr², Arnetz, Bengt³

¹University of Toronto - Mississauga, Mississauga, Ontario, Canada

²Police University College of Finland, Tampere, Tampere, Finland

³Wayne State University, School of Medicine, Detroit, Michigan, USA

Police Special Forces (a.k.a. SWAT) are tasked with responding to the most critical incidents; situations that require specialized skills and equipment beyond typical policing activities. To date, no empirical research exists on the application of resilience promotion training for SWAT officers. In this study, we tested the feasibility of applying Arnetz and colleagues' (2013, 2009) resilience promotion training that was developed for patrol officers to SWAT team officers (n=18). The resilience training included:

psychoeducation focused on police stress and resilience, and the practice of resilience techniques (controlled breathing and imagery) while listening to audio-recorded critical incident scenarios. The aims of this study were to: a). Examine if a resilience training was relevant and accepted by SWAT team and b). Assess participants' physiological responses during the resilience training sessions. Findings revealed that participants were able to significantly reduce their heart rate mean (HRMean) as well as significantly improve their ability to engage in controlled breathing from the first session (day 1) in comparison to the last session (day 5) of the training, even while listening to critical incident scenarios that became more graphic over the course of training. SWAT officers rated the resilience training as valuable in helping them better control stress.

VICARIOUS TRAUMATIZATION AND THERAPIST SELF-CARE

FRI 411

Meta-Analysis of Interventions to Decrease Burnout in Medical and Behavioral Health Providers

(Abstract #1384)

Poster #FRI 411 (Self-Care, Clin Res, Dev/Int, Self-Care, N/A) M - N/A

Stearns, Shaun, Shoji, Kotaro

University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

The current meta-analysis is a systematic review of interventions addressing burnout in both behavioral health and medical providers. Burnout is strongly associated with the development of secondary traumatic stress (STS), therefore to better develop an intervention that actively prevents STS, identifying effective interventions that address burnout are of critical importance. A systematic literature search yielded 36 studies that utilized an intervention to address burnout, most of which were randomly controlled trials. The inclusion criteria for this meta-analysis were: participant samples must come from behavioral health or medical providers (nurses and physicians), the study utilized an intervention over a period of time and results from a burnout scale were reported. Overall results indicate a small to medium effect size (weighted $r = .214$, 95% confidence intervals: .169 - .258, $Q(35) = 42.41$, $p = .182$, $\tau^2 = .003$). Further analyses will explore the differences between the various types of interventions (mindfulness, cognitive behavioral, educational/supervisory and arts based interventions). Results will help elucidate what type of intervention is more beneficial for diminishing burnout and the resulting intervention will be incorporated into an overall intervention to potentially treat and prevent STS.

FRI 412

Vicarious Trauma and Vicarious Posttraumatic Growth among Substance Abuse Treatment Providers

(Abstract #1327)

Poster #FRI 412 (Self-Care, Commun, Sub/Abuse, Prof) M - Industrialized

Sanford, Ashley, Cosden, Merith, Koch, Lauren, Lepore, Caitlin

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

Substance abuse treatment providers are frequently faced with clients reporting trauma symptoms, experiences often outside the scope of their training as substance abuse counselors. Not having the appropriate training can have a variety of effects on the client as well as the clinician. This study explored the experience of vicarious trauma (VT) and vicarious posttraumatic growth (VPTG) among them. It was hypothesized that VT and VPTG would be correlated. Both linear and curvilinear relationships were examined. Surveys were sent to 15 substance abuse treatment agencies in central California, and data were anonymously obtained from 51 counselors. Surveys contained questions about personal and work history, and adapted versions of the Trauma History Screen, the Posttraumatic Growth Inventory, and the Impact of Event Scale-Revised. There was a positive linear, but not curvilinear, relationship between VT and VPTG. Both outcomes were associated with respondents' history of trauma. Finally, respondents with a history of substance abuse reported more personal trauma and higher levels of VT and VPTG than respondents without a history of substance abuse. This illustrates the occupational hazard facing substance abuse treatment providers and suggests a need for additional training or clinical supervision to prevent VT and support growth through challenging experiences

FRI 413
Reducing Burnout, Compassion Fatigue, and Vicarious Traumatization: A Psychoeducational Intervention for Trauma-Focused Paraprofessionals
 (Abstract #1525)

Poster #FRI 413 (Self-Care, Commun, Comm/Int, Train/Ed/Dis, Prof) I - Industrialized

Taveras, Lauren, Jarvis, Alecia, Smith, Amanda, Demaria, Thomas
 LIU CW Post, Brookville, New York, USA

Working with traumatized populations can lead to experiences of vicarious traumatization (VT) among helping professionals (Meichenbaum, 2007). Research supports the training of helpers in the recognition, acceptance, and management of related symptoms (Howlett & Collins, 2014). Doctoral students from the Trauma Research Team of Long Island University Post designed a training curriculum for paraprofessionals at a local shelter serving 60 homeless families. Paraprofessionals provide case management and counseling for individuals traumatized by sexual assault, family violence, imprisonment, incest, and chronic homelessness. Doctoral students were contracted by the site director for support after a decrease in healthy coping and

staff morale was observed. The objective was to reduce participants' subjective experience of burnout, compassion fatigue, and VT, while building self-care capacity. The curriculum borrowed from the Sanctuary Training Model (Yanosy, Harrison, & Bloom, 2009) and included psychoeducation about burnout, compassion fatigue, and VT; establishing appropriate boundaries; and self-care techniques. Doctoral students will administer the Burnout, Compassion Fatigue, and VT Assessment (CTRI, 2009) and the Professional Quality of Life Scale (Stamm, 2009) as pre- and post-tests. Researchers will investigate how the training affected subjective symptoms of VT.

FRI 414
From Theory to Action Plan: Organizational and Clinician Strategies for Promoting Resilience and Managing Risk for Vicarious Trauma in Disaster Response
 (Abstract #2007)

Poster #FRI 414 (Self-Care, Nat/Dis, Prevent, Self-Care, Prof) M - Global

Evces, Mark¹, Quitangon, Gertie², Kaplan, Danielle³
¹New York University Langone Medical Center, New York, New York, USA
²New York University School of Medicine, New York City, New York, USA
³Bellevue Hospital Center, New York, New York, USA

Working with traumatized populations can have both positive and negative effects on mental health clinicians (e.g. Schauben & Patricia A. Frazier, 1995). With the increase in disaster events over the past decade propelling the evolution of disaster mental health, the ethical principle "First do no harm" applies to mental health providers as it does to patients. As providers take on many different roles and responsibilities during the disaster timeline, there is a growing need to address the unintended negative impact of the work on providers for their overall wellness and for them to perform their roles effectively (Palm, Polusny, & Follette, 2004). This poster presents a hypothetical model of a disaster response plan that can be tested in the field by collecting pre- and post-response clinician data to assess effectiveness. Such an evidence-based plan for promoting resilience and reducing risk of provider distress and impairment will increase the effectiveness of disaster response as a whole. Previous research has identified vicarious risk and resilience factors for vicarious trauma and professional burnout. This poster uses these factors to hypothesize organizational and individual strategies for promoting resilience and reducing risk of vicarious traumatization and burnout among mental health providers in disaster response.

TECHNOLOGY

FRI 415

Adding Clinician Support to Increase Patient Use of a Symptom Management Mobile App

(Abstract #1265)

Poster #FRI 415 (Tech, Clin Res, Adult) I - Industrialized

De Stefano, Leigha¹, Hutchison, Dezarie¹, Possemato, Kyle¹, Kuhn, Eric², Hoffman, Julia²
¹Syracuse Veterans Affairs Medical Center, Syracuse, New York, USA

²National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

Patient self-management interventions are often underutilized. Combining clinician support with technology-based interventions may increase patient engagement, which may in turn improve patient outcomes. This study investigated whether adding clinician support to use of the PTSD Coach mobile app was associated with more app use and more use of traditional mental health services. Twenty primary care patients with PTSD were randomly assigned to receive four 30-minute sessions of Clinician-Supported PTSD Coach (CS-PTSD Coach) or one 10-minute session of Self-Managed PTSD Coach (SM-PTSD Coach). App usage for all participants was measured objectively by a back-end system for 8 weeks. On average, CS-PTSD Coach participants used the app 6 more days than SM-PTSD Coach participants, equating to a medium between group effect size (Cohen's $d = 0.49$). Also, participants who attended at least 2 post-study mental health treatment sessions used the app an average of 8 days more, equating to a large between group effect size (Cohen's $d = 0.72$). This preliminary data indicates that clinician-support is associated with increased mobile app use and that increased app use is associated with mental health treatment seeking and utilization. Clinician support may play an important role in helping patients engage in symptom management via mobile apps or websites.

FRI 416

A Meta-analytic Review of Trauma Outcomes and Web Intervention Engagement

(Abstract #1106)

Poster #FRI 416 (Tech, Clin Res, Prevent, Train/Ed/Dis, Lifespan) M - Industrialized

Yeager, Carolyn, Stautz, Kendra, Mullings, Austin, Nichols, Crystal, Streeb, Nicole, Shoji, Kotaro
 University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

With the rapid advances in technology there has been a growing trend in the provision of mental health interventions over the internet. Research has shown positive psychological, behavioral, and clinical outcomes for those that use the web intervention; however, limited participation and high attrition rates are common. As a result, the degree of engagement can have a significant effect on key outcomes. A challenge for trauma survivors who develop posttraumatic stress symptoms (i.e. avoidance) is to maintain high levels of engagement throughout a web intervention. This meta-analysis provided a comparison between studies in the trauma context and those in other contexts regarding the relationship between engagement and mental health outcomes. Systematic literature searches in online databases yielded an initial set of 2124 studies. Of these studies, 13 met the inclusion criteria (peer reviewed, randomized controlled trial, reporting engagement-mental health outcomes). Results showed that the overall effect size for the relationship between engagement and web intervention outcomes was small ($r = .234$). A further analysis showed that studies on trauma outcomes showed a relatively higher effect size ($r = .367$, $k = 2$), compared to those on other mental health outcomes ($r = .222$, $k = 11$). Implications for this difference in the effect sizes among these studies are discussed.