Trauma, Recovery, and Resilience: Charting a Course Forward

Session Abstract Book
November 14–16, 2019
Pre-Meeting Institutes, November 13
Boston Marriott Copley Place
Boston Massachusetts, USA
www.istss.org
# Guides to Information in the Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wednesday, November 13</strong></td>
<td>Full Day Pre-Meeting Institutes</td>
</tr>
<tr>
<td></td>
<td>Half Day AM Pre-Meeting Institutes</td>
</tr>
<tr>
<td></td>
<td>Half Day PM Pre-Meeting Institutes</td>
</tr>
<tr>
<td></td>
<td>Keynote Panel</td>
</tr>
<tr>
<td><strong>Thursday, November 14</strong></td>
<td>Keynote Address</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session One</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Two</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Three</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Four</td>
</tr>
<tr>
<td><strong>Friday, November 15</strong></td>
<td>Keynote Address</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Five</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Six</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Seven</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Eight</td>
</tr>
<tr>
<td><strong>Saturday, November 16</strong></td>
<td>Keynote Address</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Nine</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Ten</td>
</tr>
<tr>
<td></td>
<td>Concurrent Session Eleven</td>
</tr>
<tr>
<td></td>
<td>Hotel Floor Plans</td>
</tr>
</tbody>
</table>
Guides to Information in Schedule

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

Population Types
- Child/Adolescent (Child/Adol)
- Adult (Adult)
- Older People/Aging (Older)
- Both Adult and Child/Adolescent (Lifespan)
- Mental-Health Professionals (Prof)
- 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.
## Guides to Information in Schedule

### Keyword Type Descriptions

#### Primary Keywords

- Assessment/Diagnosis (Assess Dx)
- Biological/Medical (Bio Med)
- Clinical/Intervention Research (Clin Res)
- Clinical Practice (Practice)
- Community-Based Programs (Commun)
- Culture/Diversity (Cul Div)
- Ethics (Ethics)
- Global Issues (Global)
- Journalism and Trauma (Journalism)
- Multi-Media (Media)
- Prevention/Early Intervention (Prevent)
- Public Health (Pub Health)
- Research Methodology (Res Meth)
- Social Issues – Public Policy (Social)
- Technology (Tech)
- Training/Education/Dissemination (Train/Ed/Dis)
- 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/Genetic (Bio/Gen)
- 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)
- Epidemiology (Epidem)
- (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)
- Medical/Somatic (Med/Som)
- Moral Injury (Moral)
- Multi-Media (Media)
- Natural Disaster (Nat/Dis)
- Neglect (Neglect)
- (Neuro)Biological Processes/ Interventions (Bio/Int)
- Neuro Imaging (Neuro)
- Prevention/Early Intervention (Prevent)
- Primary Care (Care)
- Psychodynamic Research (Psych)
- Public Health (Pub Health)
- Quality of Life (QoL)
- 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)
Presentation Type Descriptions*

Case Study Presentation
Sessions use material from a single or a set of cases to illustrate clinical, theoretical or policy issues. These sessions may involve the audience in discussion of the case material presented.

Media Presentation
Session involving presentation of a segment of film, video, music, drama, literature, artwork or other form of media relevant to traumatic stress, along with discussion.

Oral Paper Presentation as “Flash Talks”
An exciting new series of talks: Presenters will be required to describe their study goals, methods and results succinctly, somewhat similar to the format of “TED talks,” keeping to a 5-minute time length and a 10-slide maximum.

Panel Presentation
Sessions that include three to four participants discussing a common theme, issue or question. Panels may include short statements during which panelists outline diverse or similar approaches to the same question. Panels are typically more interactive than symposia, involving active discussion among the panelists.

Poster Presentation
Individual presentation in a poster format on a topic related to traumatic stress, typically including the presentation of research data.

Pre-Meeting Institute (PMI)
Institutes are full- or half-day sessions that provide an opportunity for intensive training on topics integral to the conference program, presented by leaders in the field.

Symposium
Session that includes a group of three to four sequential presentations, each related to the overall theme of the symposium.

Workshop Presentation
Instructional session that helps increase participants’ understanding and skill in a particular area of interest. Such sessions may include active involvement of the audience.

*Presentation types are color-coded throughout the schedule.

Topical Tracks (see complete listings on pages 55 - 65)
The program chairs have grouped presentations on similar themes together into tracks so it is easier for you to find the programs in your area. However, please note that not everything would fit into the tracks. There are more presentations outside the tracks that may be related or of interest and you should check your schedule. Look for these throughout the meeting schedule:

Assessment and Diagnosis Track
Presentations on assessing trauma

Biological/Medical Track
Presentations on biological and physical aspects of trauma

Child Trauma Track
Presentations on various aspects of trauma in children and adolescents

Immigrant/Refugee Track
Presentations on trauma in immigrant and refugee populations

Military/Veterans Track
Presentations on trauma in military and veteran populations

Public Health Track
Presentations on trauma and public health
Wednesday, November 13, 2019

Full Day PMI

Pre-Meeting Institute (PMI)
Wednesday, November 13
8:30 AM to 5:00 PM
Salon H/I

PMI #3 Mental Health Care for Refugee and Immigrant Youth and Families:
Evidence-Based Strategies for Providers and Programs

Ellis, Heidi, PhD1; Abdi, Saida, LICSW2; Winer, Jeffrey, PhD3; Miller, Alisa, PhD1; Issa, Osob, MSW1; Mulder, Luna, PsyD2

1Children's Hospital Center for Refugee Trauma & Resilience/Children's Hospital Boston, Boston, Massachusetts, USA
2Boston University/Children's Hospital Center for Refugee Trauma & Resilience/ Children's Hospital Boston, Boston, Massachusetts, USA

Globally, more than 65.6 million individuals have been forcibly displaced, among them nearly 25.4 million are refugees, half under the age of 18 (UNHCR, 2017). Despite the diversity in cultures and journeys, traumatic stress, acculturative stress, resettlement difficulties, isolation, and discrimination are common challenges faced by forcibly displaced persons resettled in a new country. In this Full Day Pre-Meeting Institute (PMI), our team of trauma-focused clinical psychologists and social workers from the Refugee Trauma and Resilience Center (RTRC), at Boston Children’s Hospital/Harvard Medical School, led by Dr. Heidi Ellis, will provide expert training in evidence-informed strategies for supporting refugee and immigrant youth and families resettled in industrialized countries (with a focus on the United States and Canada). The RTRC is an NCTSN funded Category II Treatment and Services Adaptation Center, and builds upon a 17-year community-based participatory research program focused on promoting the healthy adjustment of refugee and immigrant families resettled in North America. Findings from our studies have been translated into practice, informing the development of both prevention and intervention efforts. This unique training experience will be both didactic and experiential, with ample opportunity for attendees to ask questions, engage in group discussion, participate in experiential activities and role plays, learn concepts through clinical vignettes and common organizational dilemmas, and apply knowledge directly to their current work environment(s). The PMI will be divided into six integrated modules. The first half of the day will be focused on modules 1-3: (1) Introduction to the Refugee and Immigrant Experience; (2) Strategies for Culturally-Responsive Practice; (3) Engaging Refugee and Immigrant Youth and Families in Mental Health Services. Following lunch, the second half of the day is focused on modules 4-6: (4) Psychosocial Assessment with Refugee and Immigrant Youth and Families. (5) Individual- and System-Level Strategies for Working with Refugee and Immigrant Youth and Families; (6) Collaborative and Interdisciplinary Models of Care for Promoting Whole Community Resilience. Attendees will leave this PMI with (1) an enhanced understanding of the current state-of-the-science of refugee/immigrant mental health interventions, (2) an enhanced capacity to make their current clinical work more culturally responsive to the needs of refugee and immigrant communities, and (3) understand key components for building effective and sustainable mental health prevention and intervention programs and partnerships with refugee and immigrant communities.
Pre-Meeting Institute (PMI)
Wednesday, November 13
8:30 AM to 5:00 PM
Salon J/K

PMI #4 Trauma-Informed Change-Making: A Contextualized Model for Strengthening Systems of Support within Communities affected by Historical & Collective Trauma
(Global, Comm/Int-Surv/Hist-Train/Ed/Dis-Civil/War, Lifespan, M, E & S Africa)

Yacevich, Ilya, LMFT¹; Shankar, Anita, MPH¹; D'Andrea, Wendy, PhD²
¹Global Trauma Project, Global Trauma Project, Nairobi, Kenya, Kenya
²New School for Social Research, New York, New York, USA

Trauma-Informed Community Empowerment (TICE) is an adaptable, contextualized intervention framework aimed at reducing the impact of trauma by providing skills training in emotion regulation, stress management, and conflict resolution to caregivers who offer community support. The program integrates well-established interventions for posttraumatic stress including Psychological First Aid and the Attachment, Regulation, and Competency (ARC) Framework. TICE provides capacity-building support to organizations such as refugee camp staff, community leaders, and government employees who are doubly at risk: they are themselves trauma-exposed and serving trauma-impacted communities. By working with service providers, TICE ensures that change happens on both systemic and grass root [WD1] levels through program assessment, staff support, mentoring, curriculum design, training and supervision in locations such as Kenya, South Sudan, Somalia, Ethiopia, Greece, and the United States. GTP's intervention shows promising outcomes, with significant changes in mental health: a 64% decrease in post-traumatic stress symptoms, 26% decrease in emotional dysregulation & 15% improvement in a physiological indicator of stress.

In this course, presenters will:
(1) provide quantitative and qualitative evidence for TICE’s effectiveness, as well as explore factors associated with data gathering in settings with issues of literacy, cultural/ community trauma, and ongoing violence;
(2) provide an overview of the Trauma-Informed Community Empowerment (TICE) Framework, and share lessons learned from developing a National Trauma-Healing Initiative in South Sudan; and
(3) facilitate exploration of issues of power and privilege relevant to working in under-resourced communities.

Participants will identify strategies for implementing programs that are not only "trauma-informed," but also community-developed and owned, and gain an appreciation for fostering and maximizing longer-term impacts. Presenters will explore strategies for developing and implementing trauma-informed programs in settings where limited resources, language barriers, cultural differences, and societal mistrust of providers create initial barriers to successful implementation. Participants will identify how issues of power and privilege impact effective programming and interventions through reflective practice and real-world examples. Program goals include understanding how to contextualize trauma-informed interventions to maximize success for their use beyond the traditional psychotherapeutic context.

This workshop is appropriate for intermediate levels, and for those interested in organizational/ program development; community work; peace-building; and clinical services.
Wednesday, November 13, 2019

Half Day Morning PMI

Pre-Meeting Institute (PMI)
Wednesday, November 13
8:30 AM to 12:00 PM
Arlington

PMI #5 Trauma-Focused Cognitive-Behavioral Therapy: Advancements and Clinical Applications
(Clin Res, Complex-Cul Div-Orient-Grief, Child/Adol, M, N/A)

Cohen, Judith, MD1; Kinnish, Kelly, PhD2; Kliethermes, Matthew, PhD3; Wozniak, Jessica, PsyD4
1Allegheny General Hospital, Pittsburgh, Pennsylvania, USA
2Georgia Center for Child Advocacy, Atlanta, Georgia, USA
3University of Missouri St. Louis, St. Louis, Missouri, USA
4Baystate Medical Center, Springfield, Massachusetts, USA

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is an evidence-based treatment that has been evaluated and refined over the past 25 years to help children and adolescents recover from the negative effects of traumatic experiences. TF-CBT is a components-based model of psychotherapy that addresses the unique needs of children with PTSD symptoms, depression, behavior problems and other difficulties related to trauma (including sexualized behavior, interpersonal trust, self-image, shame, etc.). Numerous randomized trials demonstrate the effectiveness of the model in addressing trauma-related mental health symptoms and impact with children and families. A systematic review by Carey and McMilan (2012) indicated that TF-CBT is more effective than attention control, standard community care, or waitlist control conditions for reducing PTSD, Depression, and problem behavior symptoms in youth, immediately after the termination of treatment, and for PTSD 12 months post-intervention. Currently, 21 randomized controlled trials have been conducted in the U.S., Europe, Asia and Africa, comparing TF-CBT to other active treatment conditions and waitlist controls. These studies have documented that TF-CBT was efficacious for improving children’s trauma symptoms and have informed the development of applications of TF-CBT. Various research studies now document that TF-CBT is effective with a range of ages, genders, languages, cultures, treatment settings, caregiving circumstances, and trauma types including multiple traumas and complex trauma (Carey & McMilan, 2012; Goldbeck, Muche, Sachser, Tutus, & Rosner, 2016). Two studies have documented positive results of TF-CBT with sex trafficked children in Cambodia and the Congo (O’Callaghan, McMullen, Shannon, Rafferty, and Black, 2013; Bass, Bearup, Bolton, Murray, and Skavenski, 2011). As the research grows, so does the dissemination of TF-CBT to therapists across the world. The combination of growth in empirical research as well as increase in community based providers being trained in the model, has led to an influx of implementation applications. These applications support recovery and resilience in some of the most vulnerable underserved populations. The objective of this presentation will be to provide an overview of several key advancements in TF-CBT research in the last two decades including newly collected data on the implementation of TF-CBT with children and families in Puerto Rico who demonstrate complex trauma symptoms as well as acute symptoms due to Hurricane Maria as well targeted treatment applications addressing specific trauma types, populations, and cultural contexts including: applications for LBGTQ youth, Complex Trauma, Traumatic Grief, and Commercial Sexual Exploitation/Child Sex Trafficking.
Being overwhelmed by emotions and experiencing loss of meaning hamper complete recovery for PTSD patients. Brief Eclectic Psychotherapy (BEPP) is an effective, comprehensive evidence-based treatment for PTSD. BEPP focuses on working through difficult emotions and grief originating from often multiple trauma. Making meaning of these traumatic experiences, which resulted in the loss of safety and distrust in the world and in one’s own capabilities to go on with life, are central treatment goals. Four randomized controlled trials have proven its efficacy for first responders like police officers and outpatient populations with PTSD (Gersons et al., 2000; Lindauer et al., 2005; Schnyder et al., 2011; Nijdam et al., 2012). Traumatic grief originates from the loss of loved ones by traumatic death due to killings, war, disaster as experienced by most refugees. Based on BEPP, Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG) helps recovery from traumatic grief. Four different exposure variants can be chosen depending on the symptoms of the patients. Grief-focused exposure may include stimulus exposure if avoidance of grief-related stimuli plays a role in blocking emotional processing. If excessive grieving behaviour is present, diminishing such behaviour is necessary to catalyse the emotional processing of the loss. Finding meaning entails a detailed evaluation of the loss of the loved person and its implications for the future. Writing assignments are useful tools to enable patients to evaluate meanings and to help bereaved individuals to confront painful aspects of the loss. An ongoing farewell letter is also part of this treatment. The BEPP protocol has been translated into English, German, French, Spanish, Italian, Polish, Georgian, Lithuanian, and Korean.

In this PMI, participants will get acquainted with the five components of the BEPP and BEP-TG protocols: psycho-education, imaginal exposure to the traumatic event, use of writing assignments and mementos, psychodynamic insights in the phase of meaning-making and integration, and a farewell ritual. Special emphasis will be placed on the application and practice of these techniques in the treatment of individuals with complex PTSD characteristics, such as affect dysregulations, negative self-image, dissociative symptoms and problems in sustaining relationships.

Fragments of videotaped treatments will be shown. Short interactive exercises and role plays will be used during the PMI to get to know different elements of BEPP and BEP-TG, and data to evaluate the treatments will be presented.
Pre-Meeting Institute (PMI)
Wednesday, November 13
8:30 AM to 12:00 PM
Dartmouth/Exeter

PMI #7 Child-Adult Relationship Enhancement (CARE): Building Skills for Charting a Positive Course to Strengthening Relationships and Promoting Resilience after Trauma in Children and Teens
(Prevent, Dev/Int, Child/Adol, I, N/A)

Gurwitch, Robin, PhD¹; Berkowitz, Steven, MD²; Masse, Joshua, PhD³; Kamo, Toshiko, MD, PhD⁴; Schilling, Samantha, MD⁵
¹Duke University Medical Center, Durham, North Carolina, USA
²University of Colorado Anschutz Medical Campus, Aurora, Colorado, USA
³University of Massachusetts Dartmouth, Dartmouth, Massachusetts, USA
⁴Tokyo Women's Medical University, Institute of Women's Health, Tokyo, Japan
⁵University of North Carolina at Chapel-Hill, School of Medicine, Chapel Hill, North Carolina, USA,

The field of trauma and our understanding of factors impacting recovery and resilience continue to grow and develop. One factor that remains a constant in supporting healing and resilience is positive relationships. As trauma affects the social relationships of the individual, particularly for children and important adults in their lives, creating positive relationships with these adults can significantly aid the healing process. Relationships are critical in prevention and acute and long-term interventions. Strong relationship skills are key principles of evidence-based parenting programs: Parent-Child Interaction Therapy (PCIT), Incredible Years (IY), Helping the Non-compliant Child, Parent-Management Training—Oregon Model (PMTO), and Positive Parenting Program (Triple P). However, these programs require intensive training and treatment. As a result, access to programs designed to improve relationships is lacking. Child-Adult Relationship Enhancement (CARE) was developed to help address this deficiency. Based on the evidenced based parenting programs, CARE is a trauma-informed set of skills created to enhance relationships and reduce mild/moderate behavior challenges often present after trauma. CARE is for use by any adult interacting with a child/youth. Thus far, CARE has been disseminated to over 15,000 adults in the United States and has a strong presence in Japan. Evidence is growing, including through randomized controlled trials, for the effectiveness of CARE with different populations and in a variety of settings. Adaptations have been made for the use of CARE in childcare and school settings, in primary and integrated care settings, with foster parents, with military families, and after disasters and terrorist events. CARE has been taught to staff in child protection services, family and drug courts, substance abuse treatment centers, home visiting programs, and domestic violence shelters and to families in these systems. Medical, mental health, allied health professionals and crisis counselors have received CARE training to complement their services, especially to children experiencing trauma. The CARE workshop will teach participants CARE skills they can immediately implement with families they serve. Handouts for use when working with families will be provided. The workshop will include didactic information, videos, activities, and live practice with feedback for the greatest learning potential. Implementation, dissemination efforts, and research will be discussed, helping participants determine how CARE can be useful in their settings, thus improving their efforts as they chart their services to build resilience in families after trauma.
Pre-Meeting Institute (PMI)
Wednesday, November 13
8:30 AM to 12:00 PM
Fairfield

PMI #8 STAIR Narrative Therapy: Using Relational Models to Guide Treatment
(Practice, Dev/Int, Adult, M, Industrialized)

Cloitre, Marylene, PhD1; Jackson, Christie, PhD2; Ortigo, Kile, PhD3
1National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA
2VA, New York, New York, USA
3National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

STAIR Narrative Therapy is a two-module resource rehabilitation program for survivors of chronic trauma. It focuses on improving emotion regulation and relational capacities through skills strengthening (STAIR) and on reducing trauma-related symptoms through review and meaning-making of traumatic experiences (Narrative Therapy). A key intervention in both modules is the identification and exploration of trauma-generated "relational models." Client's "relational models" are based on past interpersonal experiences that shape expectations, feelings and behaviors about how relationships work. Influenced by attachment theory, these models are understood as adaptative strategies for maintaining relationships and remaining connected to the social environment even under traumatic circumstances. During STAIR, a review of the client’s relational models includes validation of the functional value of trauma-generated relational models as well as an invitation to generate alternative, aspirational models of relating which are tested, supported by an expanded repertoire of emotion regulation and interpersonal skills. During Narrative Therapy, meaning analyses of trauma narratives include identification of old relational models embedded in the narrative and a comparison of these to new emerging models of self and relationships with others that have been initiated during STAIR. The use of relational models across both modules supports the development of an integrated sense of self (old and new) in the context of an evolving and more positive set of expectations about relationships. This approach is particularly pertinent to individuals emerging from environments in which they have been have stigmatized or marginalized due to their identity, such as LGBTQ individuals and to those who have suffered from institutional or interpersonal betrayal trauma such childhood abuse and military sexual trauma. The workshop will provide intensive training on the identification and analysis of relational models. It will include several examples of trauma-generated relational models, guidelines for the creation of alternative models, role play opportunities, video demonstrations and analyses of cases from the audience as available.
Pre-Meeting Institute (PMI)
Wednesday, November 13
08:30 AM to 12:00 PM
Suffolk

PMI #9 Caring for Veterans with PTSD and Moral Injury at the End of Life
(Commun, Comm/Int-Mil/Vets-Aging-Moral, Older, M, Industrialized)

Watson, Patricia, PhD¹; Bruce, LeeAnn, PhD, LCSW²; Ermold, Jenna, PhD³
¹National Center for PTSD, Executive Division, White River Junction, Vermont, USA
²Intimate Partner Violence Assistance Program, VA Central Office, Washington, District of Columbia, USA
³Center for Deployment Psychology, Rockville, Maryland, USA

The Empowering Community Hospices Initiative has put together practical materials improve the care of terminally ill Vietnam-era Veterans with post-traumatic stress disorder (PTSD) and moral injury), especially those Veterans receiving care in the community as delivered by community hospice teams which often lack a dedicated psychologist or training in these areas. This PMI will provide practical strategies the group has created by adapting the existing evidence base on the identification and treatment of PTSD or Moral Injury for a terminally ill population of Veterans, such as those receiving community hospice (e.g., life expectancy on average of about a month) given the limitations of the typical community hospice care team structure which often lacks mental health expertise. The workshop will:
Identify best practices and evidence-based interventions, as applied to terminally ill Veterans
Discuss survey data from 2700 bereaved families of Vietnam era Veterans
Provide practical, efficient information about caring for Veterans with PTSD and moral injury for family, nurses, chaplains, social workers and clinicians in settings that care for terminally ill Veterans, such as community hospice settings
Provide guidance for efficient screening and referral of Veterans at risk
Give references to key resources
Describe how caregivers can use self-care and peer support to aid them in working with terminally ill Veterans with PTSD and moral injury
Despite existing high quality interventions for traumatized youth, the population of youth experiencing trauma-related distress is extremely heterogeneous, and new approaches and modalities continue to be needed, as not all youth respond to existing treatments. Specifically, youth with experiences of chronic trauma exposure and ongoing adversity may not benefit from processing isolated traumatic events and thus, more efforts are needed to help them develop insight, adaptability, and personal empowerment in response to complex trauma reactions. Cue-Centered Therapy (CCT) was developed in recognition of the growing need for a manualized treatment to increase youth insight into how an individual’s trauma history may relate to current cognitive, emotional, and physiological experiences and how these in turn may be linked to difficulties with behavior and interpersonal functioning. A randomized controlled trial of CCT compared to a wait list group found that CCT was effective in reducing youth posttraumatic symptoms and improving overall functioning as well as reducing caregiver anxiety with treatment gains maintained over time (Carrion et al., 2013). In CCT, youth and their caregivers learn and apply principles of classical conditioning as they explore and identify adaptive responses to trauma cues. CCT includes exploration of youths’ life history of positive and negative experiences, culminating in the processing of chronic stress history and ongoing trauma cues through narrative and gradual exposure techniques. CCT developers will present an overview of the flexible 15-18 session intervention protocol intended for youth ages 8-18 exposed to chronic, ongoing trauma. CCT is intended for youth with a high allostatic load due to trauma exposure and can be used to address multiple trauma types. CCT has been delivered in multiple languages (with manuals currently available in English and Spanish) and has been used in school, clinic, and community settings. Trainers will discuss and demonstrate how CCT integrates and builds upon core components of existing trauma interventions. Theoretical concepts, goals, and objectives for each phase of CCT will be described and case examples will be used to demonstrate core CCT practices. Existing evidence and an update on ongoing research evaluating CCT will be presented. This interactive workshop will include didactic presentation, group discussion and reflection, and skill practice; attendees will be invited to provide feedback and explore application of CCT with their own patient populations and to engage in discussion of common challenges in the treatment of chronic and ongoing trauma.
Pre-Meeting Institute (PMI)
Wednesday, November 13
1:30 PM to 5:00 PM
Suffolk

PMI #11 Seeking Safety: A Summary of the Model, New Developments, and Questions
(Commun, Clin Res-Complex-Pub Health-Sub/Abuse, Lifespan, M, Industrialized)

Najavits, Lisa, PhD; Schmitz, Martha, PhD, ABPP
¹Treatment Innovations, Newton Centre, Massachusetts, USA
²San Francisco VA Medical Center and UCSF, San Francisco, Colorado, USA

Seeking Safety is an evidence-based behavioral model designed for trauma and/or addiction. It is a present-focused, coping-skills model that has been widely implemented with numerous populations, including homeless, criminal justice, transition age youth, and seriously mentally ill. This presentation will describe the model briefly, and offer a summary of new findings and clinical expansions. Developments include peer-led Seeking Safety; use of the model with adolescents, and for gambling disorder; mobile apps related to Seeking Safety; and various language translations and clinical guides. We will also focus on key questions on Seeking Safety including its evidence base and how it compares to other models for PTSD and/or substance abuse. The workshop will be interactive and allow time for audience questions and discussion.
Pre-Meeting Institute (PMI)
Wednesday, November 13
1:30 PM to 5:00 PM
Dartmouth/Exeter

PMI #12 Treating Traumatized Children Who Have Intellectual and Developmental Disabilities: Adapting Trauma-Focused Cognitive Behavior Therapy
(Practice, Assess Dx-Cul Div, Child/Adol, M, Industrialized)

Hoover, Daniel, PhD, ABPP1; D'Amico, Peter, PhD, ABPP2
1Kennedy Krieger Institute Family Center, Baltimore, Maryland, USA
2LIJ Medical Center, Northwell Health System, Glen Oaks, New York, USA

For over two decades, many children with trauma-related symptoms have been effectively treated with Trauma-Focused Cognitive Behavior Therapy (TF-CBT). The model’s flexibility and applicability to children and families of varying cultures and types of trauma are major strengths. The efficacy of TF-CBT has been demonstrated in over a dozen randomized controlled trials and across the developmental spectrum for multiple index traumas and settings. Children with intellectual and developmental disabilities (IDD) are an underserved and poorly understood group among mental health clinicians and those who treat traumatic stress. They are exposed to maltreatment, bullying, potentially traumatizing medical and restraint procedures, and other adverse childhood experiences at a rate conservatively estimated to be 2-3 times that of their non-disabled peers. Efforts are underway for adapting TF-CBT to meet the needs of children and caregivers with significant limitations in cognitive, language, and other executive functions. As there is a growing evidence base for the effectiveness of cognitive-behavior therapy for anxiety in autism spectrum disorders, this literature is being tapped as a guide for approaching the broader IDD population. The two presenters, one a certified TF-CBT trainer, and the other a director of a trauma clinic serving children with IDD, will start with the issue of bias and “diagnostic overshadowing” in the assessment of IDD/Trauma cases, including the importance of child self-report and the current state of the literature in this area. They will then present a formal model based on a “matrix” of TF-CBT steps which allows for flexibility within fidelity of the treatment relying on assessments of the child and caregivers: a) verbal comprehension; b) visual-spatial skills; c) sensory differences; d) motivation for treatment; and e) ability to generalize skills learned in therapy. Recommendations for treatment structure, process, and supplemental resources from the IDD/autism literature will be provided. The steps and approach will be illustrated by clinical case examples.
Pre-Meeting Institute (PMI)
Wednesday, November 13
01:30 PM to 05:00 PM
Fairfield

PMI #13 Trauma Informed Guilt Reduction (TrIGR): A Transdiagnostic Therapy for Guilt and Shame from Trauma and Moral Injury
(Practice, Affect/Int-Cog/Int, Adult, M, Industrialized)

Norman, Sonya, PhD; Davis, Brittany, PhD; Capone, Christy, PhD; Allard, Carolyn, PhD; Browne, Kendall, PhD

1National Center for PTSD, UC San Diego, San Diego, California, USA
2James A. Haley VA Hospital, Tampa, Florida, USA
3Department of Veterans Affairs Medical Center, Providence, Rhode Island, USA
4Alliant International University, California School of Professional Psychology, San Diego, California, USA,
5Center of Excellence in Substance Addiction Treatment and Education (CESATE), VA Puget Sound Healthcare System; Department of Psychiatry & Behavioral Sciences, University of Washington, Seattle, Washington, USA

Guilt and shame stemming from ones’ actions or inactions during a traumatic event are risk factors for greater severity of subsequent problems such as posttraumatic stress disorder, depression, substance use disorders, and suicidality. Trauma-related guilt and shame are also core components of moral injury. This pre-meeting institute will begin with a review of the presenters’ and extent research showing that guilt and shame from trauma are related to more severe mental health and functional impairment (e.g., Browne, Myers. Trim, R., & Norman, 2015; Norman, Haller, Kim, … Rauch, 2018). We will present a conceptual model (Non-Adaptive Guilt and Shame; NAGS) to explain these relationships (Norman, Wilkins, Myers, & Allard, 2014). We will share psychometrically strong measures for assessing posttraumatic guilt and shame that can be used for treatment planning and to assess progress throughout treatment (e.g., The Trauma Related Guilt Inventory by Kubany et al., 1996 and the Trauma Related Shame Inventory by Øktedalen, et al., 2014). The majority of the PMI will be focused on the Trauma Informed Guilt Reduction (TrIGR) therapy protocol (Norman, Allard, Browne, Capone, Davis & Kubany, in press), a 6-session cognitive behavioral and acceptance based manualized psychotherapy designed to help trauma survivors accurately appraise posttraumatic guilt and shame and re-engage with important values to aid in recovery from posttraumatic distress. After reviewing completed and in-progress research on TrIGR, we will describe the protocol session by session, using in-person instruction, example videos, and role plays. How to apply the protocol to a variety of trauma types including combat, sexual assault, and motor vehicle accidents will be described. Finally, we will discuss strategies to address posttraumatic guilt and shame within other treatment models such as Prolonged Exposure and Cognitive Processing Therapy (Norman and Rodgers, 2014).
Pre-Meeting Institute (PMI)
Wednesday, November 13
1:30 PM to 5:00 PM
Berkeley/Clarendon

PMI #14 Introduction to the Neurobiology of PTSD: Key Findings and Methodologies
(Bio Med, Assess Dx-Bio/Int-Genetic-Neuro, Adult, I, Industrialized)

Hayes, Jasmeet, PhD1; van Rooij, Sanne, PhD2; Pineles, Suzanne, PhD3; Logue, Mark, PhD4
1The Ohio State University, College of Arts and Sciences, Columbus, Ohio, USA
2Emory University School of Medicine, Atlanta, Georgia, USA
3National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
4VA Boston Healthcare System & BUSM, Boston, Massachusetts, USA

Recent advances in neuroimaging, biochemistry, and genetics research have paved the way for a greater understanding of the neurobiology of trauma and stress. As new technologies and methods are discovered and applied to neurobiological work, it becomes increasingly important for individuals interested in treating and studying PTSD to learn the tools necessary to evaluate the latest research findings. The purpose of this pre-meeting institute is to provide attendees with an introduction to contemporary biological approaches used to study PTSD, including methodological advantages and limitations inherent in these approaches. The target audience includes clinicians, researchers, and students with basic knowledge of the biological aspects of traumatic stress. We will review the following topics:

(1) Structural and Functional Neuroimaging of PTSD: This talk will provide an overview of how neuroimaging data are collected, processed, and analyzed, and the inherent limitations and advantages of neuroimaging methods. Discussion will include an introduction to advanced tools to image neural networks that play a crucial role in the development and maintenance of PTSD.

(2) Neuroimaging of PTSD treatment: Recent longitudinal neuroimaging studies have identified predictors for PTSD treatment response. This section will include an overview of brain regions that are related to treatment outcome and will interpret these brain results in the context of trauma-focused therapy. Finally, it will discuss potential implications for novel brain-based (additive) treatments for PTSD.

(3) Considering Hormones in PTSD Research: Gonadal hormones have downstream effects on several neurobiological processes implicated in PTSD. Because estrogen and progesterone fluctuate at different phases of the menstrual cycle, scientists often have to make difficult decisions about how to conduct neurobiological research in samples that include premenopausal women. Discussion will include the theoretical importance of this topic, as well as practical aspects of measuring menstrual cycle phase.

(4) Genetics of PTSD: A mix of genetic and environmental influences determines an individual’s risk of psychiatric disorders such as PTSD. Discussion in this section will include methods used to understand and characterize the genetic determinants of PTSD risk including twin studies, candidate gene studies, and genome-wide association studies. Gene expression and epigenetic studies and how they are providing insight into the biological underpinnings of PTSD will also be discussed.
Keynote Panel
Wednesday, November 13
6:30 PM to 8:00 PM
Salon G

Trauma, Recovery, and Resilience: Journeys of Healing and Transformation in Boston
(GLOBAL, ACUTE-REFUGEE-TERROR, LIFESPAN, I, GLOBAL)

Dyb, Grete, MD PhD¹; Issa, Osob, MSW²; Sdoia, Roseann³

¹Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway
²Children's Hospital Center for Refugee Trauma & Resilience/Children's Hospital Boston, Boston, Massachusetts, USA
³Robostrong, Boston, Massachusetts, USA

To open the 2019 conference, we are highlighting the individuality of personal and professional journeys from trauma to recovery and resilience. We have convened two remarkable individuals who call Boston home: Osob Issa, a clinical social worker and program coordinator at Boston Children’s Hospital’s Center for Refugee Trauma and Resilience, and Roseann Sdoia, a 2013 Boston Marathon bombing survivor, motivational speaker, and author of Perfect Strangers. First, Osob Issa will share insights from her personal experience of migration from Somalia to the United States and the intersection of her own traumatic past with her professional life of helping Boston’s immigrant communities heal and grow. Osob speaks powerfully about the challenges facing refugees not only in confronting traumatic histories but in restoring meaning and connection after relocation. Roseann Sdoia will then describe a transformative journey of physical recovery and psychological resilience in the aftermath of a terrorist attack. Losing her leg as a result of injuries from two bombs detonated in Boston’s Copley Square, Sdoia’s story illuminates the human potential in the face of suffering and the centrality of social bonds in posttraumatic growth. ISTSS Past-President Dr. Grete Dyb will introduce the invited speakers and moderate a conversation and audience Q&A segment following their presentations.
Thursday, November 14, 2019

Keynote Address
Thursday, November 14
8:20 AM to 9:20 AM
Salon E/F

Truth and Reconciliation: Envisioning Justice from the Victim’s Perspective
(Practice, Clinical Practice-Rights-Social, Lifespan, M, Global)

Herman, Judith, MD
Cambridge Health Alliance | Harvard Medical School, Cambridge Hospital, Boston, Massachusetts, USA

In the course of their recovery, victims of interpersonal violence confront the most basic questions about the meaning of justice: How can the truth be made known? Is reconciliation possible? Can the harm be repaired, and if so, what would be required to repair it? How should offenders be held accountable? These questions are particularly complicated when victims and offenders are part of the same family or community, where, if the victim dares to speak out, the bystanders will be challenged to take sides. The wishes and needs of victims are often diametrically opposed to the requirements of legal proceedings. Indeed, if one set out intentionally to design a system for provoking symptoms of traumatic stress, it might look very much like a court of law. This lecture, based on in depth interviews with victims of sexual and domestic violence, will explore the question of what justice might mean to victims, and will propose that envisioning justice within the context of a healing relationship can be a liberating act.
Thursday, November 14, 2019
Concurrent Session One

Invited Speaker
Thursday, November 14
9:45 AM to 11:00 AM
Salon E/F

Resilience in Perilous Times: Pathways to the Future
(Global, Dev/Int-Nat/Dis-Refugee-Civil/War, Lifespan, M, Global)

Masten, Ann, PhD
Institute of Child Development, University of Minnesota, Minneapolis, Minnesota, USA

As the threats posed by disasters, toxic stress, and political violence are rising, it is not surprising to observe that international interest in resilience in multiple disciplines is surging. This presentation will describe the current status of resilience science with the goal of framing future efforts to prepare for and mitigate the intertwined risks of mass trauma hazards for individuals, families, communities, and societies. Resilience is the capacity of a system to adapt successfully to challenges that threaten the viability, function, or development of the system. However, that capacity depends on the interplay of an individual system with many others, such that resilience of one key system influences others. Based on her developmental research, Masten will discuss lessons for research and practice in the future based on lessons learned from decades of past research on resilience, particularly focusing on children and families at risk due to severe poverty and mass trauma. Methods and findings from research on human resilience will be highlighted as a roadmap for charting a course forward in a time of historic turbulence. Advances in resilience theory, methods, and applications will be discussed, along with new horizons, enduring challenges, and prospects for integration.
Our scientific field is characterized by the two, recently revised, classification systems: DSM-5 and ICD-11. It will take one or more decades before there will be new versions of these systems. The symposium is dedicated to examination of several critical forward-looking topics that have been put on the table by various groups of clinicians and scientists because they are relevant for clinical and basic scientific progress. These topics represent major challenges to both DSM-5 and ICD-11 and therefore represent serious concerns that have already been raised that would potentially greatly alter the previous classification. All the topics were discussed more or less intensively, for instance in the working group of the ICD revision at the World Health Organization, and postponed for various reasons. There are four topics: 1. *Childhood Adversity Subtype of Depression*: a lot of neuroscience evidence on this is already available, notably from the lab of the presenter Christine Heim, PhD, Berlin, Germany; 2. *Dissociative Disorders as Primarily Trauma-Related Disorders*: combining trauma- and stress-related disorders with the dissociative disorders would also promote clinical progress, about which Bethany Brand PhD, Baltimore, MD, speaks; 3. from several regions of the world came the request to establish a *Continuous Traumatic Stress Disorder* in addition to PTSD, for which the presenter Stevan Hohboll, PhD, Chicago, IL, among other researchers, made important contributions; 4. Andreas Maercker, PhD, MD, currently Berlin, Germany, will discuss the topic of *Clinically relevant historical trauma*, for whose therapeutic relevance many indications already exist from all over the world.

**Contribution of Childhood Trauma to the Pathophysiology of Depression: Need for Considering Developmental Factors in Diagnostic Classification Systems and Treatment Decisions**


Heim, Christine, PhD
Charite Universitatsmedizin Berlin, Berlin, Germany
dispositions and other factors may interfere with components of stress regulation and thereby further increase vulnerability to depression after childhood trauma. Indeed, there is evidence for important subgroups of depression that are biologically distinct, dependent on the presence or absence of histories of childhood trauma. The identification of neurobiological subtypes of depression in relation to developmental pathways might have paramount implications for differential treatment decisions and for designing effective treatments that directly target the mechanisms involved. It might be necessary to re-evaluate current approaches to the classification of depressive disorders. The purely descriptive classification of depression is insufficient to capture subtypes of depression with differential developmental pathways and neurobiological patterns. New typologies that address developmental pathways, neurobiological patterns, and associated symptom constellations might significantly accelerate research progress on the causes of depression and ultimately lead to optimized and effective clinical care.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Salon G

What is Not Yet Addressed by ICD-11 and DSM-5 for Trauma- and Stress-Related Disorders? Challenging Clinical and Basic Science Topics of the Future

Dissociative Disorders as Primarily Trauma-related Disorders
(Practice, Assess Dx-CPA-Clinical Practice-Complex, Lifespan, M, Global)

Brand, Bethany, PhD
Towson University, Towson University, Towson, Maryland, USA

The high prevalence of trauma found among individuals with dissociative disorders will be reviewed, including the studies that have investigated and found corroboration for reports of childhood trauma exposure. These patients typically experience severe PTSD symptoms along with a range of comorbid disorders that are common among traumatized samples. The antecedent trauma history and clinical symptomatology shared by these disorders suggests that combining trauma- and stress-related disorders with the dissociative disorders is reasonable. Furthermore, as will be reviewed, dissociation and related trauma-based symptoms improve when dissociative disorder patients are provided with trauma-focused treatment. These lines of research indicate that combining the disorders would promote the conceptualization and therapeutic progress of individuals with dissociative disorders.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Salon G

What is Not Yet Addressed by ICD-11 and DSM-5 for Trauma- and Stress-Related Disorders? Challenging Clinical and Basic Science Topics of the Future

Continuous Traumatic Stress Disorder: A World Trauma Perspective
(Pub Health, Comm/Int-DV-Terror-Civil/War, Lifespan, M, Global)

Hobfoll, Stevan, PhD
STAR-Stress, Anxiety & Resilience LLC, Chicago, Illinois, USA
Although PTSD has been conceptualized as emerging from single traumatic events, most of which were in the past, much of trauma faced in the world is ongoing. Ongoing conflict, domestic violence, the work of first responders, and the experience of combatants is often filled with ongoing trauma. This means that individuals' fears are not imagined or possible, but likely and even daily. This has major impact for how people are psychologically impacted by trauma. But it also has political and social meaning. The single or past trauma paradigm implies a context of potential safety, whereas for many who experience trauma to imagine safety is to imagine a world that is not possible. Ignoring that trauma is often ongoing leads further to avoidance of social activism, prevention, pairing with legal partners, and partnering with social services. As soon as we appreciate the ongoing context of trauma, clinicians must leave the comfort of their offices and enter into more "real world," and even dangerous environments. The millions affected in zones of conflict, be they urban almost anywhere in the world, or regions of war and terrorism are also the least likely to have access to mental health professionals or mental health services.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Salon G

What is Not Yet Addressed by ICD-11 and DSM-5 for Trauma- and Stress-Related Disorders? Challenging Clinical and Basic Science Topics of the Future

Clinically Relevant Historical Trauma
(Global, Cul Div, N/A, M, Global)

Maercker, Andreas, PhD, MD
University of Zurich, Zurich, Switzerland

In many world regions, patients express their suffering not only through their individual symptoms. In the therapeutic context they report from the beginning the historical traumas of their ancestors--as described for indigenous peoples in the USA and Canada. Historical trauma is defined as „the collective, cumulative, and intergenerational psychosocial disability resulting from massive group-based oppression, such as forced relocation, political subjugation, cultural domination, and genocide“ (Gone, 2014). The approach presented differs from the transgenerational trauma model, since it centers on patients seeking genuine professional help. I present the research framework on clinically relevant historical traumas that encompasses the three levels: 1) individual symptoms and signs, 2) collective-historical trauma narrative and 3) elements of therapeutic change. This framework uses abundant research from Israel and Cambodia (e.g., Kidron & Kirmayer, 2018) as well as own recent research findings with an indigenous population in Brazil and with a previously politically persecuted national minority in Poland. Finally, I discuss how much critical mass the concept of clinically relevant historical trauma already has for inclusion in future versions of ICD and DSM and to what extent promising therapeutic approaches are already existent.
Sustaining Trauma Focused EBTs for Youth across Service Settings
(Train/Ed/Dis, CPA, Child/Adol, M, Industrialized)

Lang, Jason, PhD1; Amaya-Jackson, Lisa, MD MPH2
1 Child Health and Development Institute, Farmington, Connecticut, USA
2 Duke University School of Medicine, NCCTS & Duke EPIC, Durham, North Carolina, USA

Federal and state government, funders, researchers, and others continue to call for dissemination of evidence-based treatments (EBTs) to promote recovery for children suffering from behavioral health concerns, including traumatic stress. Despite these efforts, widespread uptake of EBTs remains limited and EBTs still represent a minority of behavioral health services provided in community settings (Bruns et al., 2015). A number of promising innovative implementation strategies are being developed to improve uptake of EBTs for child traumatic stress (e.g. application of implementation science, learning collaboratives, community development teams). However, sustaining EBTs in settings following successful initial implementation has turned out to be a considerable challenge for scaling up and increasing access. While clear consensus on the definition of “sustainability” (Moore et al., 2017) is lacking, reviews of EBT sustainment indicate that most programs are not sustained over time, even if successfully implemented (Wiltsey-Stirman et al., 2012). Additional research is needed to understand how to most effectively and efficiently sustain EBTs in order to optimize outcomes and foster recovery for the vast number of children and families with behavioral health conditions and thereby maximize the public health benefits of EBTs.

This symposium includes three papers that address emerging research and practice questions about sustaining EBTs, with a focus on how sustaining EBTs can improve recovery and resiliency for the greatest number of children and families. The first paper presents data from a multi-year statewide initiative to disseminate, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a trauma-focused EBT for children, through learning collaboratives. Data from a subset of participating clinicians will examine knowledge about TF-CBT, attitudes towards EBTs, and organizational climate and support as predictors of sustained use of TF-CBT. The second paper presents data from a case study focused on the use of System Support Mapping as a community-partnered research process designed to elicit multi-level feedback and sustainability planning for CBITS, a trauma focused EBT, in School Based Health Centers. The final paper presents data from 278 community-based clinicians trained in an EBT about the extent to which, how, and why they adapted or modified delivery of an EBT following initial implementation, based on the approach to evaluating EBT adaptations described by Stirman, et al., (2013). The relationships between frequency, type, and reason for adaptations with sustainment of the EBT based on data from more than 1,500 children served will be presented.

We will discuss recommendations for research and practice about sustaining EBTs.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Salon C/D
High quality trauma-focused EBTs promote recovery for trauma-exposed youth. While studies are identifying key strategies to train therapists in EBTs, less is known about factors related to sustained use. Research indicates that Learning Collaboratives (LC) and their evidence-informed strategies (e.g., in-person trainings, consultation calls, training cases) can increase EBT skills and use, but less is known about whether these gains are sustained over time. This longitudinal study examined 101 therapists who participated in one of 10 LCs during a statewide initiative to disseminate trauma-focused cognitive behavioral therapy (TF-CBT). Participants completed surveys pre/post-LC, and at follow-up (M = 1.71 years post-LC completion; SD = 1.42 years). Measures assessed therapists’ attitudes towards EBTs, TF-CBT knowledge, pre-LC TF-CBT use, and organizational TF-CBT support and climate as predictor variables and TF-CBT use at follow-up as the outcome variable. While the final hierarchical regression model was significant $R^2 = .22$, $F(4, 58) = 4.20$, $p < .01$, only therapists’ TF-CBT knowledge contributed significantly to sustained TF-CBT use at follow-up, $\Delta R^2 = .21$, $F(2,60) = 8.15$, $p < .01$. Neither current organizational TF-CBT support nor climate related significantly to sustained TF-CBT use. We will discuss limitations, implications and future directions for research and policy.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Salon C/D

Sustaining Trauma Focused EBTs for Youth across Service Settings

Sustaining a Trauma-Focused EBT in School-based Health Centers: Systems Support Mapping
(Train/Ed/Dis, Commun-Care, Child/Adol, M, Industrialized)

Nadeem, Erum, PhD1; McNamee, Elizabeth, MPP2
1Yeshiva University, Bronx, New York, USA
2U.S. Department of Health and Human Services Health Resources and Services Administration, Dedham, Massachusetts, USA

The dynamic sustainability framework conceptualizes sustainment as a process in which continued learning by organizations, use of data and feedback, a focus on intervention fit at multiple levels, and expectations for ongoing improvement are critical (Chambers, Glasgow, & Stange, 2013). In order to address sustainment challenges unique methods that leverage partnerships and feedback from multiple stakeholders are needed. The goal of the present study was to elucidate sustainment-focused gaps gathered as part of a community-partnered research effort by two urban school-based health centers (SBHCs) that had been implementing the Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Participants included SBHC leadership and frontline staff, along with state and federal partners, and local educational and human service agencies. Participants took part in systems support mapping, a guided process that uses a series of concentric circles as a visual representation of the system (roles, responsibilities, needs, and resources) from different stakeholders’ perspectives (Gillen et al., 2014). The process yielded qualitative data delineating three key sustainment gaps: 1) buy-in from school stakeholders, 2) consent and parent engagement, and 3) funding, which will be detailed. Discussion will address the partnership process used to develop action steps for identified gaps.
Sustaining Trauma Focused EBTs for Youth across Service Settings

Adaptations to Evidence-Based Treatments for Children in Community Settings
(Train/Ed/Dis, CPA, Child/Adol, M, Industrialized)

Lang, Jason, PhD
Child Health and Development Institute, Farmington, Connecticut, USA

EBTs are frequently modified or adapted when disseminated in community-based settings. Adaptations can occur for a variety of reasons and may even be necessary for sustainability in an ever-changing healthcare landscape (Chambers et al., 2013). This study examines the frequency, type, and reasons for making adaptations to EBTs delivered by 278 community-based therapists trained to deliver an EBT. Therapists completed a survey including a measure of EBT adaptations based on the typology developed by Stirman et al. (2013), training experience in EBTs, and child-level data for more than 1,400 children receiving EBTs (demographics, dose, pre- and post-treatment symptom scores). Results indicated that most therapists (65%) adapted EBTs, most frequently to better fit clients’ needs and based on the therapist’s clinical judgement. The most common types of adaptations made were tailoring/refining, lengthening, and adding or repeating elements. Most adaptations were made due to clinician preference, but some were determined by supervisors, administrators, and clients. Data will be presented examining the relationship between therapist characteristics, EBT adaptations, and sustainability of the EBT over time (number of children served and child outcomes). Implications for the effects of adapting EBTs on sustainment and children’s outcomes and recovery will be discussed.
Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Provincetown

**Pre-Deployment Biological and Behavioral Markers to Identify Risk and Resilience Factors for PTSD in Active Duty Military Personnel**

**Marmar, Charles, MD; Jett-Tilton, Marti, PhD**

1. New York University School of Medicine, New York, New York, USA
2. USACEHR, Frederick, Maryland, USA

Active duty military personnel exposed to traumatic warzone events are at an increased risk for developing post-traumatic stress disorder (PTSD). Predictive markers to inform pre-deployment risk mitigation of PTSD are not yet well understood. The Fort Campbell Cohort Study is a prospective longitudinal cohort study designed to accelerate the development of sensitive and specific pre-deployment biological and behavioral markers to aid in the prediction and diagnosis of PTSD following deployment. This dataset is noteworthy for its large scale multidimensional biological and behavioral assessments of pre-and-post warzone exposure functioning. Identification of pre-deployment risk and resilience factors guides the development of targets to reduce and prevent post-traumatic stress symptoms in military personnel. The study was conducted at the Fort Campbell military base and study methods involved an 85cc blood draw, computerized neurocognitive tests and self-report questionnaires. Data of active duty Army personnel was collected prior to deployment to Afghanistan in January 2014 (N=1,029), three days after a 10-month deployment in October 2014 (N=760) and 90-180 days post-deployment in February 2015 (N=1,166). The entire cohort consisted of N=1,793 active duty soldiers. The analyses assessed pre-deployment risk factors for PTSD, pre-deployment neurocognitive functioning’s relationship to post-deployment PTSD, symptom trajectories for PTSD, and integrated epigenetics, metabolomics, and proteomics to predict PTSD. The findings have clinical implications for assessing pre-deployment factors predictive of PTSD risk and understanding the evolution of PTSD to inform pre-deployment resilience training. Advancing the understanding of the mechanisms of PTSD in active duty military personnel and utilizing a multi-omic biomarker panel to model PTSD symptom trajectories will aid the delivery of personalized care for PTSD and reveal novel insights into the evolution of warzone-related PTSD.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Provincetown

**Pre-Deployment Biological and Behavioral Markers to Identify Risk and Resilience Factors for PTSD in Active Duty Military Personnel**
(Bio Med, Assess Dx-Bio/Int-Mil/Vets, Adult, A, Industrialized)

**Samuelson, Kristin, PhD; Newman, Jennifer, PhD; Abu-Amara, Duna, MPH; Qian, Meng, PhD; Li, Meng, PhD; Schultebraucks, Katharina, PhD; Purchia, Emily, MPH; Genfi, Afia, BA; Laska, Eugene, PhD; Siegel, Carole, PhD; Hammamieh, Rasha, PhD; Gautam, Aarti, PhD; Jett-Tilton, Marti, PhD; Marmar, Charles, MD**
The Fort Campbell Cohort Study was designed to assess pre-deployment biological and behavioral markers of PTSD following deployment. In a sample of 473 soldiers, we examined whether PTSD symptom severity as well as posttraumatic stress trajectories could be prospectively predicted by measures of executive functioning (using two web-based tasks from WebNeuro) assessed pre-deployment. Controlling for age, gender, education, prior deployments, childhood trauma exposure, and PTSD symptoms at baseline, linear regression models revealed that pre-deployment sustained attention and inhibitory control performance predicted post-deployment PTSD symptom severity. We also identified two posttraumatic stress trajectories utilizing latent growth mixture models. The “resilient” group consisted of 90.9% of soldiers who exhibited stable low levels of PTSD symptoms from pre- to post-deployment. The “increasing” group consisted of 9.1% of soldiers who exhibited an increase in PTSD symptoms following deployment, meeting probable diagnosis. Logistic regression models also showed that pre-deployment sustained attention (95% CI of odds ratio: 1.0109, 1.0558) and inhibitory control (95% CI: 1.0011, 1.0074) performance predicted post-deployment PTSD trajectory. These findings have clinical implications for understanding the pathogenesis of PTSD and building preventative programs for military personnel.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Provincetown

Pre-Deployment Biological and Behavioral Markers to Identify Risk and Resilience Factors for PTSD in Active Duty Military Personnel

Pre-Deployment Risk Factors for PTSD in Afghanistan Veterans: A Machine Learning Approach for Analyzing Multivariate Predictors
(Prevent, Mil/Vets, Other, A, N/A)

Schultebraucks, Katharina, PhD; Qian, Meng, PhD; Abu-Amara, Duna, MPH; Dean, Kelsey, PhD Candidate; Laska, Eugene, PhD; Siegel, Carole, PhD; Gautam, Aarti, PhD; Guffanti, Guia, PhD; Hammamieh, Rasha, PhD; Mellon, Synthia, PhD, MPH; Wolkowitz, Owen, MD; Blessing, Esther, PhD, MD; Etkin, Amit, MD PhD; Ressler, Kerry, MD, PhD; Doyle III, Francis, PhD; Jett-Tilton, Marti, PhD; Marmar, Charles, MD

1New York University Langone Medical Center, Department of Psychiatry, New York, New York, USA
2New York University School of Medicine, New York, New York, USA
3New York University Langone Medical Center, New York, New York, USA
4New York University Langone Medical Center/Bellevue Hospital, New York, New York, USA
5NYU School of Medicine/Bellevue Hospital, New York, New York, USA
6US Army CEHR, Fort Detrick, Maryland, USA
7Harvard Medical School, Belmont, Massachusetts, USA
8USACEHR, Frederick, Maryland, USA
9University of San Francisco, CA (USFCA), San Francisco, California, USA
10Academic Medical Center, UCSF, San Francisco, California, USA
11Stanford University/Palo Alto VA, Etkin Clinical Neuroscience Lab, VA Palo Alto Health Care System Palo Alto, California, USA

26 Presenters’ names are in bold. Discussants’ names are underlined. Moderators’ names are in bold and underlined. Guide to Keyword Abbreviations located on pages 1-3. (Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Active-duty Army personnel have an increased risk for Post-traumatic Stress Disorder (PTSD) due to a high rate of exposure to traumatic warzone events. Predictive markers to inform preemptive risk mitigation pre-deployment are not yet well understood. The Fort Campbell Cohort study is a prospective longitudinal cohort study. Data of active duty Army personnel (N=473) was collected prior to deployment to Afghanistan, three days after a 10-month deployment, and 90-180 days post-deployment. We examined probabilistic information in the large multidimensional data set of epigenetic, polygenic, metabolomic, inflammatory, neuropsychological and clinical pre-deployment data to predict PTSD risk. Pre-deployment information predicted longitudinal PTSD symptom trajectories (AUC=0.85; 95%CI=0.75-0.94; sensitivity=0.85; specificity=0.70) and provisional PTSD diagnosis (AUC=0.78; 95%CI=0.67-0.89; sensitivity=0.66; specificity=0.89) in random forest models. The most important predictors included pre-deployment sleep, anxiety, depression, cognitive flexibility and sustained attention, and blood-based biomarkers such as metabolites, epigenomic, immune, inflammatory and liver functioning markers. Pre-deployment factors are highly predictive of PTSD risk and yield promise for future individualized risk prediction. Our results inform novel strategies for pre-deployment resilience training.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Provincetown

Pre-Deployment Biological and Behavioral Markers to Identify Risk and Resilience Factors for PTSD in Active Duty Military Personnel

Validation of a Multi-Omic Biomarker Panel for Diagnosing PTSD in Veteran and Active Duty Cohorts
(Bio Med, Chronic-Complex-Mil/Vets-Bio/Gen, Adult, A, N/A)

Rao, Rohit, PhD; Dean, Kelsey, PhD Candidate; Misganaw, Burook, PhD; Somvanshi, Pramod, PhD; Doyle III, Francis, PhD
Harvard University, Cambridge, Massachusetts, USA

Biological signals associated with PTSD might emerge across multiple levels of physiological regulation. Combining signals from several molecular signatures into a multi-omic panel could improve diagnostic performance compared to any individual molecular signature. Moreover, studying the longitudinal trajectories of such a multi-omic panel might lead to improved characterization of disease progression at the molecular level. Diverse molecular, physiological and clinical features were obtained from three cohorts of US army personnel. Single and multi-omic classifiers were initially trained on a cohort of 83 PTSD positive cases and 83 PTSD negative matched controls, and subsequently refined and validated in a cohort of 29 PTSD cases and 40 controls. A novel cohort of 1793 active duty personnel from the Fort Campbell Longitudinal Study is used for external validation. We previously found that the multi-omic panel results in a small improvement in diagnostic performance in comparison to individual single-omic panels in the initial training and validation cohorts. Preliminary external validation in the longitudinal cohort suggests that single-omic metabolic panels constituting the multi-omic panel are significantly associated with PTSD status. Further analysis of the multi-omic panel in a longitudinal cohort is expected to reveal novel insights into PTSD progression over time.
Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Provincetown

Pre-Deployment Biological and Behavioral Markers to Identify Risk and Resilience Factors for PTSD in Active Duty Military Personnel

Integrated Epigenetics, Metabolomics and Proteomics to Predict PTSD in Army personnel
(Bio Med, Bio Med-Bio/Gen, N/A, A, N/A)

Gautam, Aarti, PhD\textsuperscript{1}; Yang, Ruoting, PhD\textsuperscript{1}; Muhie, Seid, PhD\textsuperscript{1}; Miller, Stacy, BS, BA\textsuperscript{1}; Hoke, Allison, MA MSc\textsuperscript{1}; Sowe, Bintu, BS, BA\textsuperscript{1}; Abu-Amara, Duna, MPH\textsuperscript{2}; Blessing, Esther, PhD, MD\textsuperscript{2}; Hammamieh, Rasha, PhD\textsuperscript{1}; Marmar, Charles, MD\textsuperscript{2}; Jett-Tilton, Marti, PhD\textsuperscript{1}

\textsuperscript{1}USACEHR, Frederick, Maryland, USA
\textsuperscript{2}New York University School of Medicine, New York, New York, USA

Pre-deployment identification of risk/ resilience factors is crucial in developing targets to reduce/ prevent posttraumatic stress (PTS) symptoms in military personnel. The study was designed to assess pre and post-deployment biological and behavioral markers and build predictive models to identify PTSD following deployment. We used systems biology profiling to identify metabolic pathways and networks related with PTSD across multiple time points. Longitudinal blood samples with a battery of clinical tests and psychological data were collected. DNA methylation, metabolomics and proteomic assays were used for analysis. Repeated-measures ANOVA, adjusted for cell composition and age, was conducted on 2415 methylation probes. Seventy-two significantly differentially methylated probes were identified that were related with Netrin, mTOR, hypoxia, and ubiquitination pathways. We identified 51 genes passing mean p-value cutoffs between PTSD and control samples that are involved in the cAMP, mTOR, opioid and CREB signaling pathways. The metabolomics data showed complex metabolic effects that must be considered for deployment-associated exposures. Our understanding of active-duty PTSD conditions will provide mechanistic insights which may aid in averting the onset of chronic PTSD. Data comparisons to the veteran’s population will identify mechanisms for personalized care.
Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Arlington

Innovations in Training Clinicians in Evidence-Based Treatments for PTSD
(Train/Ed/Dis, Mil/Vets, Prof, M, Industrialized)

Rosen, Craig, PhD
VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA

The conventional approach to training clinicians in evidence-based psychotherapies is an in-person workshop followed by consultation on training cases. This combination is effective but not always feasible due to the time commitments and travel costs required. We report here on some innovative approaches that disaggregate different components of clinical training. Craig Rosen will compare results from conventional training in Prolonged Exposure therapy (in-person workshop followed by case consultation) to two different approaches using online trainings in place of the in-person workshop. Courtney Worley will describe a new training program in Written Exposure Therapy which combines online training, brief supervision, and implementation support. Thea Gallagher will report results of a randomized trial of Prolonged Exposure training and compare clinical outcomes of therapists randomly assigned to workshop training (only) to outcomes of therapists who complete a workshop followed by case consultation. Finally, Jeanine Lane will examine consultant-trainee interactions to determine which consultant behaviors were associated with trainees delivering Cognitive Processing Therapy with greater fidelity.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Arlington

Innovations in Training Clinicians in Evidence-Based Treatments for PTSD

Virtual Delivery of Competency-Based Training in Evidence-Based Psychotherapy: Comparison of Two Training Approaches
(Train/Ed/Dis, Mil/Vets, Prof, M, Industrialized)

Rosen, Craig, PhD1; Eftekhari, Afsoon, PhD2; Crowley, Jill, PhD3; Martin, Nicole, BA3; Simon, Erica, PhD2; Davis, Adrian, MS1
1 VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA
2 National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA
3 National Center for PTSD–Dissemination and Training Division, Menlo Park, California, USA

The Prolonged Exposure training model originally used by the U.S. Department of Veterans Affairs was a 4-day in-person workshops with didactics, role plays, and viewing videos, followed by telephone consultation on at least two training cases. 82% of workshop attendees went on to complete consultation and demonstrated enough competence to graduate. Restrictions on travel then forced replacement of in-person workshops with virtual trainings. The first virtual trainings used a ‘blended-learning’ model: trainees reviewed online didactic material independently before participating in a virtual workshop across several weeks. Only 66% of blended-learning trainees achieved competence during consultation. Many trainees lacked protected time for self-study and required remedial help.
during case consultation. The program then shifted to a synchronous virtual workshop with a set 4-day block of time for training. This included small group break-out sessions, role-plays, demonstrations, and viewing videos. 78% of synchronous training attendees completed consultation and attained competence, similar to in-person training. Through iteration, the PE Training Program recreated many aspects of its in-person training in a virtual format. Key features included protected time for training, interactivity and accountability to encourage engagement, and small-group breakouts to practice skills.

Symposium
Thursday, November 14
9:45 AM to 11:00 AM
Arlington

Innovations in Training Clinicians in Evidence-Based Treatments for PTSD

What Consultation Strategies are Associated with Implementation and Clinical Outcomes?
(Clin Res, Clinical Practice-Train/Ed/Dis, Adult, M, Industrialized)

Lane, Jeanine, Doctoral Student¹; Swanson, Kera, BA²; Song, Jiyoung, BA²; Johnson, Clara, BA³; Lagdamen, Jansey, BA²; Aajmain, Syed, BA²; Landy, Meredith, Doctoral Student⁴; Beristianos, Matthew, PhD⁵; La Bash, Heidi, PhD⁶; Shields, Norman, PhD⁷; Wiltsey Stirman, Shannon, PhD²; Monson, Candice, PhD; Cpsych⁸

¹Ryerson University, Toronto, Ontario, Canada
²National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA
³NCPTSD-Dissemination & Education Div, Palo Alto Healthcare System, Menlo Park, California, USA
⁴Ryerson University, Department of Psychology, Toronto, Ontario, Canada
⁵National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA
⁶National Center for PTSD (MPD-334), Veterans Affairs Palo Alto Health Care System, Menlo Park, California, USA
⁷Veteran Affairs Canada, Bellvue, Toronto, Quebec, Canada

Consultation is a critical part of training clinicians in evidence-based psychotherapies (Herschell et al., 2010), but little research has examined specific consultation strategies (Nadeem, Gleacher, & Beidas, 2013). Consultation strategies used in a randomized controlled trial of training in Cognitive Processing Therapy were examined using a mixed-methods approach. The workshop was followed by either consultation without audio review, consultation with audio review, or delayed feedback on fidelity (n=134; Monson et al., 2018). Consultants (n=5) recorded all calls and completed a post-call checklist of training strategies, which were compared to observer ratings. A random selection of therapy session recordings were rated for adherence and competence. A subset of therapists (n=30) were interviewed. Three sets of consultation activities were identified: case conceptualization and intervention planning, feedback on fidelity, and distractions/technical difficulties. Therapists exposed to more case conceptualization and intervention planning had greater PTSD symptom reduction in their patients. Use of strategies varied across consultants. A consultant effect on adherence (B=0.439, SE=0.171, p=.012), but not competence (B= 0.342, SE=0.247, p=.17) was observed. Therapist and consultant perceptions of consultation strategies and implications for training will be discussed.
Innovations in Training Clinicians in Evidence-Based Treatments for PTSD

The Implementation of Prolonged Exposure in the Army: Is Consultation Necessary for Effective Dissemination?
(Train/Ed/Dis, Clin Res-Clinical Practice-Mil/Vets, Adult, M, N/A)

Gallagher, Thea, PsyD
University of Pennsylvania, Philadelphia, Pennsylvania, USA, 19104

Lack of adequate therapist expertise and training constitutes a significant barrier to the implementation of evidence-based treatments (EBT) for PTSD in routine clinical care settings. This randomized trial compares two therapist training protocols in Prolonged Exposure therapy (PE) and their effects on provider attitudes and behavior across three Army behavioral health settings. Method: 128 behavioral health provider participants were randomized to one of two PE training models: Standard PE training, comprised of a 4-day workshop only, and Extended PE training, comprised of a 4-day workshop plus expert case consultation. Following completion of training, providers were free to select the interventions of their choosing with all PTSD patients. Providers completed Provider Measures of Attitudes assessing current treatment practices and beliefs related to PE before and after the PE workshop and at 3-month intervals until 18-months post-training. Providers invited their patients with PTSD symptoms to participate in the study, and completed brief Procedures Used in Treatment Checklists following each therapy session to track their chosen interventions. Data will be presented comparing treatment conditions on changes in provider attitudes toward PE and use of PE components with PTSD patients to determine whether consultation confers additive benefit for implementation efforts.

Written Exposure Therapy Training and Implementation Pilot
(Train/Ed/Dis, Clin Res-Clinical Practice-Mil/Vets, Adult, M, N/A)

Worley, Courtney, PhD, ABPP¹; Sloan, Denise, PhD²; Marx, Brian, PhD²; Wiltsey Stirman, Shannon, PhD³; McGee-Vincent, Pearl, PsyD⁴; Rosen, Craig, PhD⁵
¹National Center for PTSD, Dissemination and Training Division, Menlo Park, California, USA
²National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
³NCPTSD-Dissemination & Education Div, Palo Alto Healthcare System, Menlo Park, California, USA
⁴National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA
⁵VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA
The Veterans Health Administration began a formal training program for evidence-based psychotherapies (EBPs) for Posttraumatic stress disorder (PTSD) in 2007. Barriers continue to exist in the delivery of these EBPs for all Veterans diagnosed with PTSD resulting in lower than desired penetration rates. Written Exposure Therapy (WET) is an EBP for PTSD with strong empirical support (Sloan et al., 2019) that has yet to be disseminated or implemented within VA. Additionally, WET demonstrated lower drop out rates and less burden to the Veteran, making it a potentially strong fit for VA settings (Sloan et al., 2019). While previous research has indicated that training and consultation can be effective in promoting therapist skills, research suggests that these strategies may require augmentation to promote reach. This virtual pilot program integrates facilitation with a learning collaborative approach to train and support cohorts of program managers and clinicians with experience delivering other EBPs for PTSD. The Theory of Planned Behavior and the Consolidated Framework for Implementation Research are used to evaluate the impact on WET reach, fidelity, therapist and patient engagement, satisfaction, and clinical change. Data will be reviewed and Opportunities for replica

Panel Presentation
Thursday, November 14
9:45 AM to 11:00 AM
Salon J/K

Multicultural Perspectives on the MultiGenerational/Historical Legacies of Massive Trauma
(CulDiv, Fam/Int-Global-Surv/Hist-Intergen, Lifespan, M, Global)

Danieli, Yael, PhD¹; Yellow Horse Brave Heart, Maria, PhD²; Cherepanov, Elena, PhD³; Bezo, Brent, PhD
Student⁴

¹Founder and Director, International Center for the Study, Prevention and Treatment of MultiGenerational legacies of Trauma, New York, New York, USA
²University of New Mexico, Director, Native American and Disparities Research Department of Psychiatry and Behavioral Sciences Division of Community Behavioral Health, Albuquerque, New Mexico, USA
³Cambridge College, Boston, Massachusetts, USA
⁴Carleton University Ottawa, Ontario, Canada

Panelists will report and discuss recent findings from massively traumatized populations. Different methodological approaches will be used to highlight, among other dimensions, the role of culture in shaping the impact and response to multigenerational trauma. The international populations in focus include Americans Indians, victim/survivors of Nazi Holocaust, the Stalin Regime in Russia, and of the Holodomor in Ukraine. Dr. Brave Heart will describe the cross-generational psychological aftermath of massive collective trauma among American Indians and the implications for culturally-resonant healing interventions. Dr. Cherepanov will examine how survival messages that are engraumed in the culture help to understand the traumatic heritage of Stalin’s totalitarian regime and develop relevant therapeutic interventions; Mr. Bezo will link the generational memory of Holodomor (mass starvation in 1932-33) among Ukrainians to their responses to the modern day challenges; Dr. Danieli will contextualize the presentations in the field of multigenerational legacies of trauma primarily from the perspective of viewing culture as transmitter, buffer, and healer.
Panel Presentation  
Thursday, November 14  
9:45 AM to 11:00 AM  
Salon H/I

Screening for Adverse Childhood Experiences (ACEs): Cautions, Consequences, and Suggestions  
(Assess Dx, CPA-CSA-Neglect-Care, N/A, M, Global)

Madigan, Sheri, PhD⁠¹; Afifi, Tracie, PhD⁠²; Finkelhor, David, PhD⁠³; MacMillan, Harriet, MD⁠⁴; Racine, Nicole, PhD⁠¹

¹University of Calgary, Calgary, Alberta, Canada  
²University of Manitoba, Winnipeg, Manitoba, Canada  
³University of New Hampshire, Durham, New Hampshire, USA  
⁴McMaster University, Hamilton, Ontario, Canada

Due to the known consequences of adversity on health and well-being, momentum is building for the universal “screening” of Adverse Childhood Experiences (ACEs) in primary care. However, the ACEs questionnaire is not a screening tool, nor a diagnostic tool, and therefore, its use in primary care, and beyond, requires careful consideration and ongoing discussion. The assembled panel will discuss the cautions and considerations of using the ACEs questionnaire in primary care, and will make suggestions for promoting patient-centered and trauma-informed approaches to care.

Panel Members include preeminent child maltreatment scholars: (1) Tracie Afifi is an Associate Professor at the University of Manitoba and associate editor of Child Abuse & Neglect. (2) David Finkelhor is the Director of the Crimes against Children Research Center and Professor of Sociology at the University of New Hampshire. (3) Harriet MacMillan is a psychiatrist, pediatrician, and Distinguished University Professor in the Departments of Psychiatry and Behavioural Neurosciences, and Pediatrics at McMaster University. (4) Sheri Madigan is an Assistant Professor, clinical psychologist, and Canada Research Chair in the Department of Psychology at the University of Calgary. (5) Nicole Racine is a postdoctoral fellow at the University of Calgary focusing on ACEs research and its policy and practice implications.

Panel Presentation  
Thursday, November 14  
9:45 AM to 11:00 AM  
Suffolk

Addressing Trauma and PTSD in Rural Haiti: Community-Based and Clinical Approaches within a Complex Socio-Medical Healthcare System  
(Commun, Commun-Cul Div-Global-Train/Ed/Dis, Other, M, Latin Amer & Carib)

Affricot, Emmeline, BA⁠¹; Therosme, Tatiana, BA⁠¹; Eustache, Eddy, MA⁠¹; Fils-Aime, Reginald, MD⁠¹; Valentin, Cidna, PhD⁠¹; Dubuisson, Wilder, BA⁠¹; Pierre, Urs Corneil, MD⁠¹; Fast, Rebecca, MSW, LCSW⁠²; Forbush, Leigh, MPH⁠³; Fast, Paul, MA⁠²; Coleman, Sarah, MPH⁠³; Clisbee, Mary, PhD⁠¹; Creed, Torrey, PhD⁠¹; Louis, Elizabeth Farrah, PhD Candidate⁠²; Bedard-Gilligan, Michele, PhD⁠⁰; Raviola, Giuseppe, MD⁠³; Smith, Stephanie, MD⁠³
Zanmi Lasante (Partners in Health) has been providing psychosocial and mental health services to a community of 1.2 million people in Haiti since 2005. In 2017, the Mental Health program sought to address trauma and PTSD. The panel will focus on the program’s process of developing a curriculum for community and hospital-level health care workers. The team aimed to develop a wide-scoping curriculum, covering trauma and PTSD and related health system issues, with focus on prevention and public health education.

Following a medical education model for curriculum development, the team conducted focus groups with various stakeholders to gather key information on training and clinical needs. Findings from this assessment informed content of training products.

Over 100 health care providers were trained. Training participants were invited to provide feedback, which was later incorporated into manual revisions. Final versions of the manuals, an adapted and translated PTSD screening tool for primary care clinicians and the PCL-5, were disseminated across hospitals for all health workers.

A multi-pronged approach to trauma services in rural Haiti is necessary for the complex and wide-ranging needs of patients who often are exposed to multiple traumatic events. Training of healthcare providers strengthens the mental health system and lends to the sustainability of services.

Workshop Presentation
Thursday, November 14
9:45 AM to 11:00 AM
Berkeley/Clarendon

Innovative, Effective Trauma Focused Training for Foster Parents: Trauma Systems Therapy-Foster Care: Examples from the Field
(Commun, Chronic-Complex, Child/Adol, M, Industrialized)

Brown, Adam, PsyD1; Sharp, Susan, BA2; Noel, Carrie, MBA2
1New York University Langone Medical Center, New York, New York, USA
2Camelot Care Centers, Inc., Nashville, Tennessee, USA

Trauma Systems Therapy – Foster Care (TST-FC) is an approach to providing training to foster parents, created in partnership with the Annie E. Casey Foundation. TST-FC is an eight module fully manualized program for introducing psycho-education about trauma exposure and impact, as well as concrete and specific tools to help foster parents become engaged as members of the multi-disciplinary team, including tools foster parents can use to assist the team with assessment and treatment planning, and interventions they can use to identify and effectively intervene when a youth is experiencing a trauma related survival in the moment reaction. Published results of an independent evaluation of TST-FC will be shared. Representatives from a large child welfare organization in the state of Tennessee will present on their experiences with the training curriculum, sharing case examples and lessons learned. Tools for psycho-education and for foster parents to use will be shared as well.
Case Study Presentation
Thursday, November 14
9:45 AM to 11:00 AM
Fairfield

Addressing Military Moral Injury in U.S. Veterans through Chaplain-Psychologist Collaboration and Community Engagement
(Pub Health, Comm/Int-Social-Mil/Vets-Moral, Adult, I, Industrialized)

Antal, Chris, DMin
Corporal Michael J Crescenz Veterans Affairs Medical Center, Philadelphia, Pennsylvania, USA

Moral Injury (MI) is gaining traction within the Department of Veterans Affairs (VA) as an essential construct for understanding an important dimension of suffering experienced by US Veterans. A VA chaplain and a psychologist at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia co-facilitate a 12-week Moral Injury Group (MIG) to provide education about MI, the collective responsibility for the consequences of warfare, and related topics. A Community Ceremony in the VA chapel, immediately following Week 10, brings together VA staff, family, and friends of MIG Veterans, as well as the wider society. MIG Veterans define MI and deliver a personal testimony about their MI and its effects. Chaplains create sacred space and time utilizing ritual and spiritual disciplines. As Veterans’ burdens are shared by a community made more conscious of the realities of warfare, Veterans and civilians reconcile and Veteran identity shifts from that of a disabled patient to an adaptive leader and “prophet.” I report outcomes, through a case study of a MIG Veteran who shows decreases in suicidality, religious struggles, and depression, along with increases in post-traumatic growth, self-compassion, and life functioning.

A Trauma-Informed Group for Abusive Fathers with Dual Criminal and Family Court Involvement - Addressing the Intergenerational Transmission of Trauma to Support Families of Color
(Clinical Practice, Aggress-Fam/Int-Intergen-Surv/Hist, Adult, M, Not Applicable)

Stephens, Tricia, PhD
City University of New York, New York, New York, USA

A phenomenological qualitative pilot study of 14 fathers investigated their lived experience of navigating treatment services while maintaining a relationship with their children. Content analysis of in-depth interviews and focus groups yielded findings of childhoods marked by high rates of adversity, volatile adult relationships, and the lived experience of marginalization and racism. Fathers were excised from their families – losing their role and identity as a father. Additionally, the loss of a sense of place or home resulting from court involvement further fractured fathers’ pre-arrest identities. This loss was replaced with a new identity, that of a monster and an abuser, dangerous and unable to be trusted - the antithesis of a good father.

The Children’s Aid Society’s – Family Wellness Program (CAS-FWP) offers a trauma-informed group for abusive fathers’ accountability for their part in the violence within their families. This program requires engagement in a therapeutic/transformational change process and utilizes group theory fundamentals (mutual aid and social learning) to facilitate change. Fathers are introduced to the basic concepts of trauma and to the intergenerational impact of trauma on their children. Implications for transforming the ways in which these often marginalized families are served are discussed.
Caring for Transgender and Gender Nonconforming Youth with a History of Trauma Exposure
(Clinical Practice, Cul Div-Dev/Int-Ethics-Gender, Child/Adolescent, I, Industrialized countries)

Cyperski, Melissa, PhD\textsuperscript{1}; Johns Smith, Karisa, PsyD\textsuperscript{2}
\textsuperscript{1}Vanderbilt Center of Excellence for Children in State Custody, Nashville, Tennessee, USA
\textsuperscript{2}Tennessee Department of Children’s Services, Nashville, Tennessee, USA

Practitioners and researchers are becoming increasingly aware of the complex mental health needs of LGBTQ youth. For example, LGBTQ youth experience higher instances of depression, anxiety, substance use, and posttraumatic stress when compared to their peers (e.g. Mitchell, Panzarello, Grynkiewicz, & Galupo, 2015). LGBTQ youth are also at greater risk for experiencing maltreatment and adversity, including homelessness, which has created an overrepresentation of LGBTQ youth in the child welfare and juvenile justice systems (Wilson, Cooper, Kastanis, & Nezhad, 2014). LGBTQ youth are then more likely to have negative experiences in care and are at an increased risk for future traumatization (Annie E. Casey Foundation, 2016).

Despite having distinct medical and mental health needs, transgender and gender nonconforming (TGNC) youth are often considered in conjunction with sexual minority youth. Best practice guidelines and treatment models are emerging that provide TGNC youth with affirmative mental health care (e.g. Keo-Meier & Ehrensaft, 2018), but more information is needed about trauma specifically and its impact on TGNC youth. We will review case examples and ethical dilemmas encountered when caring for trauma-exposed TGNC youth. We will provide recommendations for practitioners and agencies to enhance resilience and address the needs of TGNC youth across systems of care.
Thursday, November 14, 2019
Concurrent Session Two

Invited Panel
Thursday, November 14
11:15 AM to 12:30 PM
Salon E/F

Implementation of the ISTSS PTSD Guidelines Recommendations for Adults in everyday Settings: Choosing and Using the Best Treatment
(Practice, Clinical Practice, N/A, M, Global)

Amstadter, Ananda, PhD\textsuperscript{1}; Forbes, David, PhD\textsuperscript{2}; Bisson, Jonathan, MD PhD\textsuperscript{3}; Cloitre, Marylene, PhD\textsuperscript{4}; O'Donnell, Meaghan, PhD\textsuperscript{2}; Riggs, David, PhD\textsuperscript{5}
\textsuperscript{1}Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA
\textsuperscript{2}Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Carlton, Victoria, Australia
\textsuperscript{3}Cardiff University School of Medicine, Cardiff, Wales, United Kingdom
\textsuperscript{4}National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA
\textsuperscript{5}Uniformed Services, University of the Health Sciences, Bethesda, Maryland, USA

The ISTSS Guidelines has now identified several treatment approaches that are recommended. The Guidelines also include two innovations: recognition of a new diagnosis, Complex PTSD (CPTSD), and the introduction of a new category of therapies, promising practices. Given the several treatment options as well consideration of comorbidities and new ways of viewing client symptom profiles such as CPTSD, selecting the treatment that is optimal for a client may be challenging. This panel will review commonalities among the treatments that are recommended, strategies for collaborative treatment matching and choice, indications and approaches for early intervention, when to consider promising practices and what the role of pharmacology might be. The panel will also address considerations for organizations and providers in screening and assessment, selecting the interventions and treatments that services will offer, training providers in one or more treatments and maintaining sufficient fidelity to get desired outcome. Practical strategies will be discussed for applying the models in real world child and adolescent settings for how to personalize therapies as appropriate for clients, how to engage clients who may be reluctant to engage treatment and how train clinicians and deliver treatment for clients who have co-morbid conditions, live in disadvantaged contexts or have CPTSD.
Incorporating Neural, Molecular, and Psychophysiological Markers to Assess and Enhance PTSD Treatment Response and Recovery

(Clin Res, Bio/Int-Genetic-Neuro-Bio/Gen, Adult, M, N/A)

Neria, Yuval, PhD
Columbia University and New York State Psychiatric Institute, New York, New York, USA

Recent advances in biomarkers research hold promise for both identification of mechanisms underlying posttraumatic stress disorder (PTSD) and the clarification of biological markers of treatment response among patients receiving treatment for PTSD. This symposium will present emerging results from translational research applying neuroimaging, neuroendocrine, molecular, and psychophysiological markers to treatment research, in order to assess objectively changes over the course of the treatment and identify predictors of treatment outcomes. Specifically, the presentations will present clinical, molecular, neuroimaging, and psychophysiological data, collected before and after treatment, aiming to address the following questions: first, whether hydrocortisone or ketamine, when combined with prolonged exposure (PE), first line treatment in PTSD, enhance treatment effects; second, whether corticotropin-releasing factor receptor 1 (CRFR1) antagonist diminishes fear-potentiated startle; and third whether PE alone can improve function of reward processing networks in patients with comorbid PTSD and depression.

Taken together, the symposium will inform researchers and clinicians on efforts to integrate novel biomarkers to improve measurement of treatment response and enhance treatment outcome. By using neural, neuroendocrine, molecular or psychopathological markers of PTSD, the presentations highlight cutting-edge approaches to targeting trauma-related abnormalities, assessing change, and developing and implementing neuroscience-informed interventions.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Salon G

Incorporating Neural, Molecular, and Psychophysiological Markers to Assess and Enhance PTSD Treatment Response and Recovery

Clinical and fMRI Results from a Single Infusion of Ketamine or Midazolam Prior to an Intense One-week Prolonged Exposure Therapy for PTSD


Harpaz-Rotem, Ilan, PhD, ABPP1; Duek, Or, PhD2; Kelmendi, Benjamin, MD3; Amen, Shelley, MD PhD3; Gordon, Charles, MA2; Levy, Ifat, PhD4
1National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA
2Yale School of Medicine, Department of Psychiatry, New Haven, Connecticut, USA
3National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, VA CT Healthcare
4VA Connecticut Healthcare System, West Haven, Connecticut, USA
This presentation will outline the results of a clinical trial and fMRI investigation of treatment effectiveness for PTSD. One of the signature features of PTSD re-experiencing symptoms is impaired memory reconsolidation. Moreover, PTSD symptoms of hyperarousal and avoidance, are associated with overgeneralization of the fear response associated with the trauma. Although prolonged exposure (PE) is considered “first-line” intervention, large body of research concluded that about 50% of treated individuals remain symptomatic at the end of the treatment. Prolonged uncontrolled stress has a profound effect on the brain. Stressors initially activate glutamatergic circuits and trigger pro-inflammatory processes that initiate a cascade of neural events, impairing functional and structural glutamatergic connectivity, resulting in neural atrophy - loss of dendritic spines and dendritic retraction in cortico-limbic circuits regulating mood and fear. Ketamine was found to drive rapid and profound growth of functional dendritic spines that enhance neuroplasticity and restore functional neural connectivity disrupted by stress. This neurogenesis presents an opportunity for new learning that may modify the fear memory. We will present promising fMRI and clinical data on treatment outcomes of a single ketamine infusion combined with a 7-day PE trial.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Salon G

Incorporating Neural, Molecular, and Psychophysiological Markers to Assess and Enhance PTSD Treatment Response and Recovery

Molecular and Neuroendocrine Markers of Response to Prolonged Exposure Treatment
(Clin Res, Assess Dx-Bio/Int-Mil/Vets-Genetic, Adult, M, N/A)

Yehuda, Rachel, PhD; Lehrner, Amy, PhD; Flory, Janine, PhD; Bierer, Linda, MD; Bader, Heather, BS
James J Peters VAMC/Mount Sinai School of Medicine, Bronx, New York, USA

There is great diversity in responses to PTSD treatment, and it is of interest whether molecular and neuroendocrine markers can be useful as predictors and correlates of psychotherapy. Sixty combat veterans were randomized in a placebo-controlled clinical trial examining the effects of augmenting prolonged exposure (PE) therapy with a 30mg dose of oral hydrocortisone (Hcort; administered prior to imaginal exposure sessions 3-12) to reduce PTSD symptoms. Psychological and neuropsychological evaluations and blood were obtained at pre-treatment, post-treatment, and a three-month follow-up for genome-wide determinations of genotype, methylation, and gene expression as well as hormones and immune factors. We found that while Hcort augmentation was not associated with significant clinical improvement in the overall sample, there was a significant advantage of Hcort in a subgroup of patients with mild traumatic brain injury. Effects of hydrocortisone in responders appeared to be mediated by cognitive and biological variables. Machine learning approaches were employed to identify predictors of treatment outcome. Molecules that predict vs. those associated with recovery determined by molecular analyses will be highlighted. Knowledge of biological and clinical factors may help in the prediction of treatment response and in the tracking of psychotherapeutic outcome.
Incorporating Neural, Molecular, and Psychophysiological Markers to Assess and Enhance PTSD Treatment Response and Recovery

Psychophysiological Outcomes in Treatment of PTSD: Startle Responses Pre and Post Therapy

Jovanovic, Tanja, PhD; Norrholm, Seth, PhD; Maples-Keller, Jessica, PhD; Rothbaum, Barbara, PhD, ABPP; Dunlop, Boadie, MD, MS

1Wayne State University, Detroit, Michigan, USA
2Atlanta VAMC/Emory University, Decatur, Georgia, USA
3Emory University School of Medicine, Atlanta, Georgia, USA

After exposure to a traumatic event, a subset of people develop posttraumatic stress disorder (PTSD). One of the key deficits in PTSD is regulation of fear, and fear-potentiated startle has been identified as a potential physiological biomarker specific to PTSD. We have used potentiation of the startle reflex to objectively quantify changes in fear responses with psychotherapy as well drug treatment. Previous studies have shown that startle responses during trauma-related imagery show reduction from pre- to post-treatment in virtual reality exposure therapy for PTSD (Rothbaum et al., 2014). In the current study, we used a randomized, double-blind, placebo-controlled clinical trial and compared startle responses between female PTSD participants taking a corticotropin-releasing factor receptor 1 (CRFR1) antagonist (n = 47 pre, and 29 post treatment) and patients taking a placebo pill (n = 52 pre, and 30 post treatment) daily for six weeks. There was a significant effect of treatment on fear-potentiated startle during safety (F=8.01, p = 0.007). Specifically, patients in the CRFR1 antagonist group showed reduced fear after treatment. The current study demonstrates the utility of psychophysiological measures as treatment outcomes for PTSD.

Targeting Fear and Reward Processing Deficits in Patients with co-morbid PTSD and Depression
(Clin Res, Bio/Int, Adult, M, N/A)

Neria, Yuval, PhD, MSc; Zhu, Xi, PhD

Columbia University and New York State Psychiatric Institute, New York, New York, USA
Posttraumatic stress disorder (PTSD) is comorbid with major depressive disorder (MDD) in about 50% of PTSD cases. Compared to PTSD alone, patients with PTSD-MDD exhibit greater distress, higher suicide risk, and poorer treatment outcome. We aimed to utilize functional magnetic imaging (fMRI) and resting state functional connectivity (rs-FC) to a) clarify a neural signature for PTSD-MDD and b) examine whether prolonged exposure (PE) treatment successfully engages the target signature. Seed regions for fear circuits included basolateral amygdala (BLA) and centromedial amygdala (CMA). Seed region for reward circuit included the nucleus accumbens (Nacc). The PTSD-MDD group, as compared to PTSD-alone and trauma exposed healthy controls (TEHCs), exhibited decreased rs-FC in both fear-processing and reward-related striatal-subcortical pathway. Examination of the question whether PE can alter both fear and reward rs-FC networks, indicated that compared to TEHCs, who showed no change over time, large effect size increases were observed for rs-FC in the BLA-OFC fear pathway for PTSD-MDD patients, while only moderate and non-statistically significant pre-post changes were found in Nacc reward circuits. The utility of clarifying neural signatures as treatment targets, and the need to develop a more comprehensive treatment approaches for PTSD-MDD will be discussed.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Salon A/B

Islamic Trauma Healing: A Low-Cost, Easily Up-Scalable Model for War and Refugee Trauma

Zoellner, Lori, PhD1; Kaysen, Debra, PhD, ABPP2
1University of Washington, Seattle, Washington, USA
2Stanford University, Psychiatry & Behavioral Sciences, Palo Alto, California, USA

Access to adequate, much less state-of-the-art, mental health care is a global problem. Somalia has one of the highest rates of mental illness in the world, much higher than other low-income and war-torn countries (WHO, 2016). The reach of state-of-the-art mental health interventions are not going to easily permeate countries like Somalia. Barriers exist, including perceived misalignment with one’s Islamic faith and cultural stigma of mental illness. New models are needed; not only for Somalia but for other war-torn regions. Although efficacious PTSD treatments exist, they require time-consuming training and none have an Islamic focus, despite almost a quarter of the world’s population practicing Islam. We have developed a brief, group- and mosque-based, lay-led intervention, Islamic Trauma Healing, targeting trauma-related psychopathology and community reconciliation. The six-session intervention combines empirically-supported trauma-focused therapy with Islamic principles. Core components include cognitive restructuring through Prophet narratives and exposure to trauma memories through turning to Allah in dua [informal prayer]. In this symposium, we will discuss the recently completed pre- to post-feasibility study in Somalia (N = 28), providing theoretical background for intervention development, perspectives of Somaliland group leaders, main trial outcome data, and qualitative analysis of group member feedback. The Islamic Trauma Healing program has the potential to provide a low-cost, self-sustaining model of a faith-based intervention that addresses the psychological wounds of trauma and promotes community reconciliation for Muslim communities.

Funding Sources:
R34MH112756: Lay-led Intervention for War and Refugee Trauma [US RCT]
University of Washington Population Health Initiative [Somaliland Feasibility]
Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Salon A/B

Islamic Trauma Healing: A Low-Cost, Easily Up-Scalable Model for War and Refugee Trauma

Main Outcome from Somaliland Feasibility Study of Islamic Trauma Healing
(Clin Res, Refugee, Adult, M, E & S Africa)

Zoellner, Lori, PhD1; Bentley, Jacob, PhD2; Feeny, Norah, PhD3; Klein, Alexandra, BA (Hons)4; Dolezal, Michael, BA5; Anugla, Dega, MA MSc6; Egeh, Mumin, BA6

1University of Washington, Seattle, Washington, USA
2Seattle Pacific University, Seattle, Washington, USA
3Case Western Reserve University, Cleveland, Ohio, USA
4Case Western Reserve University, Department of Psychological Sciences, Cleveland, Ohio, USA
5Seattle Pacific University, School of Psychology, Family, and Community, Seattle, Washington, USA,
6Ma AlinHaruon Masjid and Abu-Bakar Al-Siddique Islamic Center

A pre-post feasibility study of Islamic Trauma Healing was conducted in Somaliland, Somalia. Eight group leaders (4 men, 4 women) were trained. Four, six-week separate male and female groups were conducted in two mosques. Inclusion criteria were DSM-5 trauma exposure and DSM-5 re-experiencing or avoidance. Participants (N = 28; 14 men, 14 women) had a range of war and disaster trauma exposure. Across measures, there were large intervention effects for PTSD severity (g = 1.91, PSS-SR-5), depression (g = 2.00 PHQ-9), somatic symptoms (g = 2.73 SSS-8), and well-being (g = 1.77, WHO-5). There was no dropout. The program was well rated (M = 3.88, SD = 0.11, range 1-4, CSS) on helping trauma healing, community reconciliation, and match with religious beliefs and cultural practices. Overall, the program showed solid initial effects, was well-received, and offers a promising model for delivery of a trauma-focused intervention to Muslim refugee communities.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Salon A/B

Islamic Trauma Healing: A Low-Cost, Easily Up-Scalable Model for War and Refugee Trauma

Development of a Brief Islam-Based, Trauma-Focused Intervention
(Clin Res, Global-Civil/War, Adult, M, E & S Africa)

Feeny, Norah, PhD1; Zoellner, Lori, PhD2; Bentley, Jacob, PhD3

1Case Western Reserve University, Cleveland, Ohio, USA
2University of Washington, Seattle, Washington, USA
3Seattle Pacific University, Seattle, Washington, USA

42 Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guides to Keyword Abbreviations located on pages 1-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Islamic Trauma Healing (ITH) was developed collaboratively with Somali community members and input of Islamic leaders. To be scalable and reduce stigma associated with help seeking, ITH does not require extensive expertise or training, is delivered in mosques, and treatment or diagnostic labels are not used. Evidence-based components are derived from prolonged exposure and cognitive therapy, targeting key mechanisms of PTSD change. In sessions, prophet narratives (e.g., Prophet Ayyub; faith during hard times) present Islamic principles and facilitate cognitive shifts. Group members spend time turning to Allah in dua [prayer], focused on trauma memories. Program themes arc from addressing suffering to healing to growth following trauma. Lay leaders must have knowledge of the Qur’an but no prior training in mental health. Leader training is brief, delivered in two, four-hour sessions, emphasizing core principles and discussion leading. To facilitate sustainability, ITH uses a train-the-trainer model so it is not expert driven.

Symposium  
Thursday, November 14  
11:15 AM to 12:30 PM  
Salon A/B

Islamic Trauma Healing: A Low-Cost, Easily Up-Scalable Model for War and Refugee Trauma

Community Leader Implementation of Islamic Trauma Healing in Somaliland  
(Train/Ed/Dis, Refugee, Adult, M, E & S Africa)

Klein, Alexandra, BA (Hons)¹; Egeh, Mumin, BA²; Abdi, Mohamed, BA³; Abdillahi, Zeinab, BA³; Ali, Ayan, BA³; Ali, Aden, BA³; Boton, Khadar, BA³; Ibrahim, Hibaq, BA³; Ibrahim, Salma, BA⁴; Tubeec, Abdirahman, BA⁴

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⁴Abu-Bakar Al-Siddique Islamic Center

A lay-led, group program promotes community building, acknowledges trauma’s impact in the community, promotes reconciliation in the community, and facilitates wider implementation. A practical barrier to scaling up mental health programs is the lack of providers. In a close-knit community, community leaders may be a key means to do this. Further, using a train-the-trainers model reduces expert involvement, lowers costs, increases local knowledge, and has the potential to be self-sustaining. In the Islamic Trauma Healing (ITH) program, the training time is brief, focusing psychoeducation, core principles, and discussion leading. Implementation in the community is locally managed and supervised. In this presentation, Somaliland Group Leaders and the Somaliland Program Coordinator, Mumin Egeh, will describe their experience of the program itself, brief out-of-country training, implementation at two mosques, internet-based expert support, and future program needs in their communities.

Symposium  
Thursday, November 14  
11:15 AM to 12:30 PM  
Salon A/B

Islamic Trauma Healing: A Low-Cost, Easily Up-Scalable Model for War and Refugee Trauma
Qualitative Analyses of Participant Feedback from Somaliland Feasibility Study of Islamic Trauma Healing
(Clin Res, Commun-Civil/War, Adult, M, E & S Africa)

Dolezal, Michael, BA¹; Klein, Alexandra, BA (Hons)²; Egeh, Mumin, BA³; O’Boyle, Mattie, BA⁴; Zaire, LeAnne, BA⁴
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⁴Seattle Pacific University, Seattle, Washington, USA

Participant program evaluation is critical to ensuring the relevancy of culturally-adapted interventions. We will present qualitative data from focus groups of Islamic Trauma Healing (ITH) participants. Focus groups were conducted after the last session by lay leaders. Questions, in Somali, covered: 1) general thoughts about ITH; 2) what participants liked most; 3) how ITH could be improved; 4) barriers for involvement; and 5) what participants learned. Responses were translated into English. Qualitative analyses were conducted with NVivo12, with two raters independently analyzing accounts and developing consensus. Analyses identified themes of: community benefit, virtues and knowledge, importance of Islam, healing from trauma, and increasing community access, with participants stating, “…patience is very important as well as Dua and turning to Allah”, “many people need to have these sessions”, and “I believe that this program is the best way [to] heal…[traumatized] people.” To compliment this work, a local measure of function is being developed.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Salon C/D

Promoting Resilience and Recovery among Traumatized Youth in the Justice System: Innovative Strategies to Create Trauma-Informed Systems of Care
(Assess Dx, Assess Dx-Chronic-Social-Train/Ed/Dis, Child/Adol, M, Industrialized)

Cruise, Keith, PhD¹; Kerig, Patricia, PhD²
¹Fordham University, New York, New York, USA
²University of Utah, Department of Psychology, Salt Lake City, Utah, USA

A large body of research confirms that youth in the juvenile justice system evidence extensive histories of trauma exposure and high rates of posttraumatic stress. This symposium highlights a new wave of efforts designed to create trauma-informed innovations that will be effective in fostering resilience and recovery for traumatized youth in the justice system. The first paper examines risk factors related to the trauma histories of commercially sexually exploited girls included in a county-wide database and then presents the results of in-depth interviews in which the girls’ own insights are uncovered regarding the system interventions that aided their recovery. The second paper describes the development and implementation of a new trauma-informed court assessment tool designed to aid juvenile courts in developing practices and policies that promote resilience among traumatized youth. The third paper presents evaluation data on a pioneering trauma-informed decision protocol tool designed to help probation officers and court staff to effectively meet the needs and bolster the strengths of justice-involved traumatized youth. The fourth paper addresses important concerns regarding the ways in which secondary traumatic exposure may
This presentation will describe the child welfare and juvenile justice histories of youth who were identified as commercially sexually exploited (CSE) compared to non-CSE youth. The study uses administrative data (N = 979) from child welfare and juvenile justice agencies in Los Angeles County coupled with interviews and case file reviews of six CSE youth. Non-CSE youth were matched on age and race/ethnicity to the CSE youth. Only females were included and the majority of the sample was African-American (62%). CSE youth had significantly more reports to child protective services, arrests, petitions to court, bench warrants issued, and out of home placement changes. CSE youth were significantly more likely to run away from placement. Many CSE youth (n = 316) were assigned to specialized services (e.g., specialized court, case worker, and/or community advocate). Of those youth, six participated in in-depth interviews coupled with a case file review which resulted in rich narratives that describe youth’s trauma histories, experience of the systems and services, and what was helpful in their recovery. Excerpts from these narratives will be used alongside the administrative data in order to contextualize the youth’s experience and highlight areas for intervention (e.g., trauma-informed services).
Trauma-informed practices in the juvenile justice system are increasingly recognized as effective for promoting public safety through case management, rehabilitation, and treatment that is responsive to a traumatic event exposure and current trauma reactions. As court systems explore integration of trauma-informed practices, tools for identifying best practices and strategically implementing trauma-informed approaches are integral for judges and court administrators aiming to develop trauma-informed courts. The current presentation reviews the National Child Traumatic Stress Network's development of the Trauma-Informed Court Self-Assessment (TI-CSA). Qualitative findings from a pilot of 3 court systems will be discussed. Implications for self-guided strategies to shift court practices and policies to align with trauma-informed approaches and promote resilience will be discussed.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Salon C/D

Promoting Resilience and Recovery among Traumatized Youth in the Justice System: Innovative Strategies to Create Trauma-Informed Systems of Care

Field-based Implementation of the Trauma-Informed Decision Protocol: Identifying Justice-Involved Adolescents in Need of Trauma-based Intervention
(Assess Dx, Train/Ed/Dis, Child/Adol, M, N/A)

Cruise, Keith, PhD1; Keator, Karli, MPH2; Ford, Julian, PhD3; Fortuna, Anthony, BS2
1Fordham University, New York, New York, USA
2National Center for Youth Opportunity and Justice, Oakland, California, USA
3University of Connecticut Health Center, Farmington, Connecticut, USA

The Trauma-Informed Decision Protocol (TIDP) is a 9-step decision framework integrating risk/needs assessment, trauma and mental health screening results. Consistent with the Risk-Needs-Responsivity model, the TIDP allows juvenile justice staff to consider the impact of trauma-specific experiences and reactions on criminogenic needs and to enhance case planning. This paper provides results from a TIDP field-based implementation in two juvenile probation departments. Intake data were obtained from 170 adolescents over two time periods (pre and post-implementation of the TIDP). Despite moderate risk levels, traumatic loss/separation was endorsed at high levels (48 to 68%) as were interpersonal victimizations (15 to 33%). Clinically significant arousal symptoms (e.g., hypervigilance, hostility) were endorsed by over 40% of adolescents screened with the UCLA PTSD-RI. When all intake data were integrated and analyzed through the TIDP, 23% (County 1) and 38% (County 2) of adolescents were identified as needing further trauma assessment and between 18% and 27% were identified as needing referral to trauma-specific treatment. Results provide preliminary confirmation that the TIDP is a useful method to integrate intake information, enhance both the quantity and quality of referrals for trauma services, and place adolescents on a path toward symptom reduction and recovery.
Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Salon C/D

Promoting Resilience and Recovery among Traumatized Youth in the Justice System: Innovative Strategies to Create Trauma-Informed Systems of Care

Increasing Resilience among Juvenile Justice Professionals: A Preliminary Examination of Protective Factors
(Self-Care, Clin Res-Train/Ed/Dis, Other, M, Industrialized)

Baetz, Carly, PhD1; McNair, Felicia, PhD2; Moaveni, Mahtab, PsyD3; Bart, Amanda, MA2; Alexander, Ava, BA2; Weinberger, Emily, PhD Candidate4
1New York University Langone Medical Center, New York, New York, USA
2NYU School of Medicine/Bellevue Hospital, New York, New York, USA
3Academic Medical Center, NYU Langone Medical Center, New York, New York, USA
4Fordham University, Department of Psychology, Bronx, New York, USA, 10458

Justice professionals are repeatedly exposed to traumatic events, including direct and secondary exposure, which increases the risk for traumatic stress symptoms and other related outcomes (Hatcher, Bride, Oh, King, & Catrett, 2011). There is growing evidence that certain factors can increase resilience among professionals exposed to trauma in the workplace (Bourke & Craun, 2014), but empirical knowledge about protective factors for individuals working in juvenile justice settings remains limited. Using survey data from 240 justice professionals in two secure juvenile detention facilities in a Northeastern city, this paper examines the impact of individual and organizational factors on staff members’ perceptions of safety. Preliminary analyses revealed that perceived support from supervisors was positively correlated with both physical (rs = .44, p<.001) and psychological safety (i.e., trust and communication) (rs = .48, p<.001). Further analyses will include support at multiple levels of the organization and will examine the impact of trauma-informed training and level of experience on outcomes. Presenters will discuss the implications of these findings within the context of implementing trauma-informed care initiatives in the juvenile justice system.
Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Arlington

Life Course Adaptation to Trauma across Younger and Older Veteran Cohorts: Identifying Risk and Resilience Factors for Veterans’ Health and Well-Being over Time
(Pub Health, Health-QoL-Mil/Vets-Aging, Adult, I, Industrialized)

Smith, Brian, PhD¹; Magruder, Kathryn, PhD, MPH²

¹National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
²Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

Understanding the implications of military experiences—including exposure to potentially traumatic stressors during and following deployment—for veterans’ near- and long-term health and well-being represents an important public health issue for veterans. Veterans may experience compromised health and lower quality of life than their civilian peers as a result of military stress exposures directly, as well as through increased risk for stress-related mental health problems following military service. With the high number of service members who were deployed in support of the recent wars in Iraq and Afghanistan, as well as the sizable proportion of veterans from prior cohorts approaching older adulthood, it is important to understand the implications of military service for veterans’ health and well-being across the life course, as well as to identify potential sources of resilience over time. The aim of this symposium is to present novel findings involving risk factors and sources of resilience across a broad range of indicators of health and well-being in both younger and older veteran cohorts. The utility of current methods and findings involving the study of these constructs will be discussed in terms of implications for further research on identifying risk and bolstering resilience, as well as the provision of services to support veterans in the years and decades following their military service.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Arlington

Life Course Adaptation to Trauma across Younger and Older Veteran Cohorts: Identifying Risk and Resilience Factors for Veterans’ Health and Well-Being over Time

Well-Being of Warfare-Exposed and non-Warfare Exposed U.S. Veterans in the First Year after Separating from Service
(Pub Health, Clin Res-QoL-Mil/Vets-Aging, Adult, I, Industrialized)

Vogt, Dawne, PhD¹; Tyrell, Fanita, PhD²; Bramande, Emily, BA³; Nillni, Yael, PhD¹; Taverna, Emily, BA¹; Finley, Erin, PhD MPH⁴; Perkins, Daniel, PhD⁵; Copeland, Laurel, PhD MPH⁶

¹National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
²VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA
³VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA
Every year, more than 200,000 service members leave U.S. military service. While there is no doubt that many go on to have productive and fulfilling lives, depictions of military veterans as mentally ill, suicidal, or otherwise maladjusted are common in the scientific literature. While it has been suggested that this is due to their exposure to warfare, evidence to support this contention remains limited by the lack of attention to veterans’ broader well-being, as well as how their well-being changes following military service. The current study compared the vocational, social, and health-related well-being of a nationally representative sample of 7,200 warfare-exposed and non-exposed veterans at approximately 3 and 9 months following separation from service. While warfare-exposed veterans reported a greater burden of physical health problems (62% vs. 50%), they did not report substantially greater mental health concerns at either timepoint and few differences were observed in their broader well-being. This finding suggests that differences in the readjustment of warfare-exposed and non-exposed veterans may only emerge over time, perhaps potentiated by post-military factors such as the availability of social support and additional stress exposure. Future research is needed to evaluate the role that these experiences play in veterans’ longer-term well-being.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Arlington

Life Course Adaptation to Trauma across Younger and Older Veteran Cohorts: Identifying Risk and Resilience Factors for Veterans’ Health and Well-Being over Time

Are Meaning in Life and Perceived Post-Traumatic Growth related to Mental and Physical Health in OEF/OIF/OND Veterans?
(Pub Health, Mil/Vets, Adult, I, Industrialized)

Park, Crystal, PhD
University of Connecticut, Storrs, Connecticut, USA

Meaning-related resources such as meaning in life (MIL) and perceptions of post-traumatic growth (PPTG) may promote resilience in stress-exposed populations. Growing evidence suggests that MIL is robustly related to better subsequent post-trauma psychological health while less consistent evidence has linked PPTG with post-trauma psychological health, suggesting it may have both beneficial and harmful effects. However, studies have rarely focused on relations of either MIL or PPTG with post-trauma physical health and have not addressed whether these resilience factors independently relate to post-trauma mental and physical health, the focus of the present study. In a sample of 580 previously deployed OEF/OIF/OND Veterans surveyed at baseline and 3 months, we found that MIL and PPTG were modestly related but neither predicted physical health (SF12 PCS). When considered together, only MIL predicted subsequent mental health (SF12 MCS and anxiety). Further, when controlling for baseline mental health, MIL predicted better mental health at 3 months. These results suggest that although MIL and PPTG share some variance, the salutary benefits are derived primarily from MIL and that independent of MIL, PPTG does not promote well-being. Interventions that bolster MIL rather than PPTG should be most effective at promoting resilience following trauma.
Symposium  
Thursday, November 14  
11:15 AM to 12:30 PM  
Arlington  

Life Course Adaptation to Trauma across Younger and Older Veteran Cohorts: Identifying Risk and Resilience Factors for Veterans’ Health and Well-Being over Time  

Health and Well-Being of Vietnam Combat Veterans: The Role of Positive and Negative Appraisals of Military Service  
( Assess Dx, Health-QoL-Mil/Vets-Aging, Older, I, Industrialized)

Pless Kaiser, Anica, PhD1; Brady, Christopher, PhD2; Davison, Eve, PhD1; Spiro III, Avron, PhD3
1National Center for PTSD at VA Boston Healthcare System and Boston University School of Medicine, Boston, Massachusetts, USA
2VA Boston Healthcare System, Boston University School of Medicine, Brigham and Women's Hospital, Harvard Medical School, VA Boston Healthcare System, Boston, Massachusetts, USA
3VA Boston Healthcare System & Boston University Schools of Public Health & Medicine, VA Boston Healthcare System, Boston, Massachusetts, USA

Appraisals of military experience are related to later-life mental health and well-being among military Veterans. We examined relations among positive and negative appraisals of military experience and later-life health and well-being among 147 male Vietnam combat Veterans aged 55+. Veterans completed a telephone screening and mail survey. Positive appraisals were positively scored and negative appraisals were negatively scored. These ratings were summed to create one variable in which positive values reflect more positive appraisals and negative values indicate more negative appraisals overall. Hierarchical linear regressions were utilized to examine associations between appraisals and indices of well-being. After accounting for age, education, and combat exposure, the summed appraisal variable was positively associated with mental health-related quality of life ($b = .65$) and negatively associated with PTSD ($b = -.65$), depression ($b = -.62$), and anxiety ($b = -.61$; $R^2$s from .43 -.53). Endorsing relatively more positive than negative military experiences is associated with better mental health-related quality of life. Conversely, endorsing relatively more negative than positive experiences relates to worse mental health outcomes. Findings highlight the importance of appraisals of past military experiences for later-life well-being, with implications for clinical work.

Symposium  
Thursday, November 14  
11:15 AM to 12:30 PM  
Arlington  

Life Course Adaptation to Trauma across Younger and Older Veteran Cohorts: Identifying Risk and Resilience Factors for Veterans’ Health and Well-Being over Time
Wartime Stress Exposures and Lifetime PTSD and Depression as Predictors of Cardiometabolic Risk in Vietnam-Era Women Veterans
(Pub Health, Health-QoL-Mil/Vets-Aging, Older, I, Industrialized)

Smith, Brian, PhD⁴; Spiro III, Avron, PhD²; DeLane, Sumaiya, BA³; Frayne, Susan, MD MPH⁴; Magruder, Kathryn, PhD, MPH⁵
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³National Center for PTSD at VA Boston Healthcare System, Boston, Massachusetts, USA
⁴VA Palo Alto Health Care System / Stanford University School of Medicine, Palo Alto, California, USA
⁵Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

Stress exposures and mental health sequelae can have negative implications for health, including increased risk for chronic disease. However, these associations are understudied among older women. We examined the impact of wartime stress exposures and lifetime PTSD and depression on later life cardiometabolic-related risk (i.e., obesity, hypertension, and cardiovascular disease) using data from The Health of Vietnam-Era Women’s Study (HealthViEWS). 4219 women veterans (Mage=68) who were active duty during the Vietnam era completed a mail survey to report on psychosocial factors and physician diagnosed health conditions, and a separate computer assisted telephone interview assessed mental health. With adjustment for demographics and military service characteristics, several wartime stress exposures—including mission-related stressors and sexual harassment—were independently associated with one or more indicators of cardiometabolic risk. Depression was associated with increased risk for obesity and hypertension, and PTSD was associated with increased risk for diagnosed coronary artery disease and congestive heart failure. These findings highlight the importance of addressing stress exposures and mental health, and underscore the need to identify other potential risk and resilience factors for chronic disease development in this important population of older women veterans.
Symposium  
Thursday, November 14  
11:15 AM to 12:30 PM  
Berkeley/Clarendon

**Perspectives on Resilience: Towards Conceptual Clarity, Correlates, and Mechanisms**  
(Pub Health, Affect/Int-Health-Pub Health, Adult, M, Global)

*Schnyder, Ulrich, MD*  
*Zurich University, Zurich, Switzerland*

Four researchers will present findings from cross-sectional and longitudinal field studies as well as a meta-analysis on resilience, defined as the ability to adapt successfully in the face of adversity, trauma, tragedy or significant threat. However, beyond this broad conceptualization, there are many – partly overlapping – resilience-related concepts that lack theoretical clarity. The current symposium aims to shed further light on these concepts as well as their underlying mechanisms and/or correlates. Findings from cross-sectional and longitudinal field studies will provide insights on the steeling effect, sense of coherence, and emotion regulation strategies in different occupational settings and populations. Finally, a meta-analysis will for the first time summarize the relationship between different resilience-related concepts and PTSD symptom severity and estimate their unique association with posttraumatic stress.

Symposium  
Thursday, November 14  
11:15 AM to 12:30 PM  
Berkeley/Clarendon

**Correlates of Mental Health in Occupations at Risk for Traumatization**  
(Pub Health, Anx-Depr-Health-Pub Health, Adult, M, Industrialized)

*Michael, Tanja, PhD; Schäfer, Sarah, MPsych; Sopp, Marie, PhD; Staginnus, Marlene, Undergraduate; Lass-Hennemann, Johanna, PhD*  
*Saarland University, Saarbruecken, Saarland, Germany*

Hospitals, police stations, and fire departments are highly demanding work places. Staff members are regularly exposed to various stressors including traumatic events. Despite these challenging circumstances, some staff members manage to sustain their mental health. The current study constitutes the first joint investigation of these correlates of mental health among three highly demanding occupations. The cross-sectional online survey examined health-benefiting factors (sense of coherence – SOC, trait resilience, locus of control – LOC) and psychopathological symptoms (general mental health problems, posttraumatic stress, burnout) in medical staff \((n = 223)\), police officers \((n = 257)\), and firefighters \((n = 100)\). Among all occupations, SOC, trait resilience, and an internal LOC were negatively associated with general mental health problems, posttraumatic stress, and burnout symptoms. By contrast, all outcome measures were positively correlated with an external LOC. Multiple regression models including all health-benefiting factors as predictors explained 56% of the variance in general mental health...
problems and 27% of differences in posttraumatic stress. Multigroup path analyses revealed minor differences across occupations, mainly driven by a stronger influence of LOC in police officers. Across all occupations, SOC emerged as the most important health-benefitting factor.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Berkeley/Clarendon

Perspectives on Resilience: Towards Conceptual Clarity, Correlates, and Mechanisms

Emotion Transfer, Emotion Regulation and their Association with Well-Being and Resilience in Health Care Providers
(Prevent, Clin Res-Self-Care, Adult, M, Industrialized)

Pfaltz, Monique, PhD; Schnyder, Ulrich, MD; Parkinson, Brian, Prof Dr; Keller, Nina, MS; Corda, Claudio, BA; von Känel, Roland, Prof Dr; Weilenmann, Sonja, MS

Background: Interacting with highly burdened or traumatized patients may come with costs (compassion fatigue, burnout) for the provider. Despite high prevalences of stress-related conditions in health care providers, impairing quality of care and provider well-being, it is understudied how providers can regulate emotions to sustain their own health. We therefore proposed a model depicting emotion regulation and empathy-related processes in provider-client interactions and their relation to provider well-being. A pilot study with psychiatrists provided initial evidence for the validity of the model. Methods: The present study aimed at further validating our model in providers from various disciplines. We conducted qualitative interviews and administered questionnaires to 58 providers (physicians, nurses, psychotherapists). Findings confirm the validity of the model and show that certain types of emotions during patient interactions (i.e., patient-validating and resource-strengthening emotions) are positively linked to provider well-being. Moreover, general emotion regulation abilities and emotion regulation efficiency are associated with well-being, indicators of mental health, and resilience. Conclusion: Our model provides a basis for research informing the development of interventions helping professionals to provide compassionate care without putting their own health at risk.

Symposium
Thursday, November 14
11:15 AM to 12:30 PM
Berkeley/Clarendon

Perspectives on Resilience: Towards Conceptual Clarity, Correlates, and Mechanisms

Meta-Analysis on Resilience-Related Concepts and PTSD Symptom Severity
(Pub Health, Cog/Int-Glob-Health-Pub Health, Adult, M, Global)

(PrimaryKeyword,SecondaryKeywords,PopulationType,PresentationLevel,Region)
The umbrella term ‘resilience’ encompasses more than the absence of posttraumatic stress disorder (PTSD). However, its precise conceptualization is currently debated. It can be seen as a trait variable, a beneficial outcome or a dynamic process. Studies have investigated the relationship between resilience-related psychological concepts and PTSD symptoms. However, a comprehensive meta-analysis on their relationship is still missing. Moreover, apart from single study findings, little is known about intercorrelations between resilience-related factors and their unique associations with PTSD symptoms. To close this gap, the current meta-analysis firstly examines the relationship between PTSD symptoms and resilience-related psychological concepts, i.e., sense of coherence, locus of control, trait-resilience, hardness, optimism, openness, self-efficacy, and sense of mastery. The literature search is conducted in five databases: EBSCOhost, PTSDPubs, PubMed, Scopus, and Web of Science. The Pearson correlation coefficient ($r$) is used as primary effect size estimator. A multilevel random effects meta-analyses will be performed and moderator effects will be assessed using meta-regression and subgroup analyses. Results will be presented for the first time at the ISTSS 35th Annual Meeting.

**Symposium**

**Thursday, November 14**

**11:15 AM to 12:30 PM**

**Berkeley/ Clarendon**

**Perspectives on Resilience: Towards Conceptual Clarity, Correlates, and Mechanisms**

**The Function of Moderate Adversity on the Development of Resilience and Well-being in Later Life**

(Prevent, Aging-Theory, Older, M, Industrialized)

**Thoma, Myriam, PhD**

*University of Zurich, Zurich, Switzerland*

Consequences of adversity have mainly been studied from a pathological view. The stress sensitization effect implies a decrease in resilience to future adversity due to the preceding stress. This perspective is challenged by the steeling effect, suggesting that a ‘moderate’ level of adversity may foster resilience, while no or high levels result in comparatively worse outcomes. The majority of studies on the steeling effect have been conducted in cross-sectional studies with younger adults. It was therefore the aim to conduct a longitudinal study, to examine the steeling effect on the development of resilience in older adults.

Latent profile analysis was chosen to identify profiles of resilience, which have been assessed with an online survey. N=187 (Mage=67 years; 71% female) participants completed the two assessments. Three profiles emerged: one with a general decrease (n=12), one with an increase (n=17), and one with a maintenance (n=168) of resilience. The ‘decrease’-group had the lowest number of adversity, followed by the ‘maintenance’ and ‘increase’-groups.

Our results partly support the steeling effect by showing the worst outcomes in those with the lowest level of adversity. Given that an increase in resilience was found in those with the highest levels of adversity, suggests a potential age-specific steeling effect in later life.
A Resilience Agenda for Adverse Childhood Experiences: Enhancing Innovations in Engagement, Empowerment, and Protective Factors
(Prevent, Clin Res-Commun, Child/Adol, M, Industrialized)

Kia-Keating, Maryam, PhD
University of California, Santa Barbara, Dept. Couns, Clinical, School Psychology, Santa Barbara, California, USA

This symposium brings together a diverse set of scholars to present multiple independent research projects, linked together by one overarching theme—innovative approaches to improving outcomes for youth exposed to Adverse Childhood Experiences (ACEs), specifically through increasing participant engagement and protective factors. The first presentation utilizes a novel methodological approach to examine co-occurring patterns of adverse childhood experiences (ACEs) and family, school, and community-level protective factors in a nationally representative sample of youth. The authors link these patterns to health outcomes and racial/ethnic disparities and explain the implications of their findings for ACEs intervention and prevention. The next presentation describes an initiative to address the critical need for interventions to mitigate health disparities arising from ACEs exposure. Specifically, the authors describe the development of a community-based participatory research program that engages health care, early education, social services, public health, and low-income predominantly African American parents with ACEs histories in developing and evaluating multi-level intervention strategies. The third presentation describes the development and testing of an intervention for ACEs embedded in a pediatric setting. The study utilizes participatory co-design to meet the need for innovation, cultural alignment, and treatment engagement in ACEs intervention. Finally, the fourth study highlights factors related to treatment completion in a population with high ACEs with early experiences of child maltreatment. In particular, this presentation describes implications for bolstering child and parent resilience factors within this group. Taken together, these four presentations offer a resilience agenda for ACEs intervention and prevention research.

Co-Occurring Youth Profiles of Adverse Childhood Experiences and Protective Factors: Associations with Health, Resilience, and Racial Disparities
(Pub Health, Health-Prevent-Res Meth, Child/Adol, M, Industrialized)

Liu, Sabrina, Doctoral Student; Kia-Keating, Maryam, PhD; Nylund-Gibson, Karen, PhD; Barnett, Miya, PhD

1University of California, Santa Barbara, Gevirtz Graduate School of Education, Santa Barbara, California, USA
2University of California, Santa Barbara, Dept. Couns, Clinical, School Psychology, Santa Barbara, California, USA
Over the past two decades, increasing attention has been paid to the link between Adverse Childhood Experiences (ACEs) and later life health. However, more research is needed on sociodemographic differences in the relationship between ACEs and health, including differences across race/ethnicity, and factors that may mitigate this link. Most often protective factors are examined individually, without adequate attention to multiple, interacting socioecological levels. Using latent transition analysis, the current study examines the co-occurrence of adverse childhood experiences (ACEs) and protective factors in a nationally representative sample of 30,668 Black (10.4%), Latinx (12.3%), and White children (77.3%) ages 12-17 (M = 14.62, SD = 1.73, 52.5% male). Additionally, we examine links between co-occurring profiles and health outcomes. Different combinations of co-occurring profiles were differentially associated with health outcomes \((p < .01)\). Generally, greater adversity was associated with worse physical and mental health, while more access to protective factors was associated with better health. There were substantial disparities between racial/ethnic minority youth and their White counterparts regarding levels of adversity, protective factors, and health. Clinical implications and areas for future research will be discussed.

**Symposium**
Thursday, November 14
11:15 AM to 12:30 PM
Dartmouth/ Exeter

**A Resilience Agenda for Adverse Childhood Experiences: Enhancing Innovations in Engagement, Empowerment, and Protective Factors**

Engaging Parents with ACE Histories in Participatory Research to Prevent the Intergenerational Transmission of Toxic Stress

**Woods-Jaeger, Briana, PhD¹; Starr, Debbie, LCSW²; Bland, Ashley, LCSW²; McGowan, Kori, Consultant²; Chaney, Sosha, Consultant²**
¹Emory University, Atlanta, Georgia, USA
²Operation Breakthrough, Kansas City, Missouri, USA

The cumulative effects of adverse childhood experiences (ACEs) can lead to prolonged activation of stress response systems, known as toxic stress. Toxic stress is recognized as an important contributor to socioeconomic and racial health disparities beginning in utero and can be prevented by early, responsive caregiving. Parents with histories of ACEs living in poverty may struggle to provide responsive caregiving, increasing the risk of transmitting toxic stress inter-generationally. The many existing responsive parenting interventions were not designed with specific attention the needs of low-income, African American parents and often fail to recruit and retain these families. Further, many of these approaches overlook risk factors at multiple levels of the social ecology. Culturally-responsive, multi-level interventions are needed. We have developed a community-based participatory research (CBPR) program focused on developing and evaluating multi-level intervention strategies that engage health care, early education, social services, public health, and low-income African American parents with a history of ACEs throughout the research process. This presentation will describe our process including how we have applied CBPR principles in our work, process outcomes resulting from our CBPR approach, and challenges and successes we have faced in our ongoing partnership.
A Resilience Agenda for Adverse Childhood Experiences: Enhancing Innovations in Engagement, Empowerment, and Protective Factors

Participatory Co-Design for ACEs Screening and Prevention in a Pediatric Setting
(Prevent, Clin Res-Comm/Int-Care, Child/Adol, M, Industrialized)

Kia-Keating, Maryam, PhD1; Barnett, Miya, PhD2; Liu, Sabrina, Doctoral Student3; Sims, Ginette, Doctoral Student3; Ruth, Andria, MD4
1University of California, Santa Barbara, Dept. Couns, Clinical, School Psychology, Santa Barbara, California, USA
2University of California, Santa Barbara, Gevirtz Graduate School of Education, Santa Barbara, California, USA
3University of California, Santa Barbara, Department of Counseling, Clinical, and School Psychology, Gevirtz Graduate School of Education, Santa Barbara, California, USA
4Santa Barbara Neighborhood Clinics, Department of Pediatrics, Santa Barbara, California, USA

Participatory co-design can increase innovation, cultural alignment, and facilitation of treatment engagement when addressing the public health crisis of adverse childhood experiences (ACEs) which have negative effects on long-term physical and mental health. Pediatric settings offer an opportune context to address ACEs. The current study presents the process of participatory co-design, and feasibility and acceptability of integrating ACEs screening and prevention into primary care settings to promote resilience. Prevention services included wellness navigators as cultural bridges to service access, and a community-based participatory research (CBPR) derived program to enhance parenting, resilience and protective factors for parents and infants. ACEs screenings were conducted with 151 (92%) of the 164 unique patients that presented for well-child visits for infants under 12-months across a 13-month period. Of these 151 patients, 47% met eligibility (infants with 1+ ACEs, parents with 2+ ACEs) for a referral to a pilot randomized-control trial (RCT) testing three levels of prevention. The majority of referred families (77%) enrolled in the RCT. Qualitative interviews with providers and parents expand upon screening and program acceptability. Implications for integrated behavioral health, ACEs screening, and trauma-responsive prevention in a pediatric setting are discussed.
Child maltreatment is a leading public health burden garnering increasing public and professional attention. Access to evidence-based treatment for maltreated children and their families is crucial to mitigate further deficits and to help children cope with post-traumatic stress symptoms; however, little is known about what child and family factors are related to treatment completion in the child maltreatment population. The present study examined the risk and resilience factors that predict treatment completion within a child abuse population. Data were extracted from the 156 files of children (aged 3-18) who were referred to a child abuse service from January 2016 to June 2017. Although a greater number of adverse childhood experiences did not put children at a significantly increased risk for dropping out of treatment, household member substance misuse was associated with dropping out of treatment (OR=.46, CI=.21-.97). Greater resiliency scores were associated with treatment completion (OR=15.72, CI=3.11-79.47). Children with more individual personal skills, educational involvement, caregiver emotional support, and parents who engaged in treatment were more likely to complete treatment than those without. Clinical case vignettes will be provided to illustrate the importance of bolstering child and parent resilience factors in the child maltreatment population.

Panel Presentation
Thursday, November 14
11:15 AM to 12:30 PM
Salon J/K

You Can’t Talk About Trauma Without Talking About Race: The Power of Story and Media
(CulDiv, Clinical Practice-Cul Div-Rights-Media, Lifespan, M, N/A)

St. Jean, Nicole, PsyD\textsuperscript{1}; Fehrenbach, Tracy, PhD\textsuperscript{1}; Chang-Angulo, Rocio, PsyD\textsuperscript{2}; Gamboa, Ricardo, MA\textsuperscript{3}
\textsuperscript{1}Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA
\textsuperscript{2}University of Connecticut Health Center, Farmington, Connecticut, USA
\textsuperscript{3}New York University Langone Medical Center, New York, New York, USA

Racism can be a traumatic experience re-enacted in clinical work. Acknowledging, integrating, and being responsive to race and culture is essential to promoting trauma recovery and empowering vulnerable populations. This can be accomplished when structures are created and supported in personal and professionals settings. Unfortunately, in many settings, incorporating race into trauma-focused work with youth and families is often left up to the creative and courageous individual due to these structures being limited and professionals being uncertain how to support such discussions. The purpose of this panel is to raise awareness, encourage, and inspire participants to be active and thoughtful about using a racially compassionate and responsive lens. This panel will create a safe space to share and discuss challenges and successes and learn from the missteps of others (including the panelists) when addressing the intersection of race and trauma. The panel will consider this topic from viewpoints of an administrator, mental health provider, youth, community member, activist and artist. Participants will be provided with clinical resources developed to engage professionals and community members in culturally responsive and trauma informed discussion. The power of storytelling through film and other media will be highlighted as a powerful medium for expanding education and reach.
Panel Presentation  
Thursday, November 14  
11:15 AM to 12:30 PM  
Fairfield  

The Power of Peer Relationships to Foster Trauma Recovery and Mental Health  
(Clin Res, Prevent-Mil/Vets-Care, Adult, I, Industrialized)  

Possemato, Kyle, PhD; MacQueen, Scotty; Carlson, Eve, PhD; Johnson, Emily, PhD; Harris, J., PhD  

1Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, New York, USA  
2VA Center for Integrated Healthcare, Liverpool, New York, USA  
3National Center for PTSD, VA Palo Alto Health Care System/Stanford University School of Medicine, Menlo Park, California, USA  
4Minneapolis VA Medical Center, Minneapolis, Minnesota, USA  

Peer support services are deeply rooted in the Social Support and Recovery theoretical frameworks and can play a unique role in fostering trauma recovery and mental health. A certified peer support specialist will provide an overview of peer support, followed by brief descriptions of new applications of peer support in clinical studies. Panelists will describe a study of phone-based peer support of an online problem-solving program, a peer-delivered integrative coaching approach that helps primary care patients with trauma-related disorders set goals for improved whole health, a mindfulness training program for individuals with PTSD that is co-facilitated by peers, and a program for peers to support individuals receiving Prolonged Exposure. Panel presenters will then discuss questions related to the role of peer support in trauma recovery: How are peer relationships unique and similar to other types of therapeutic relationships? How have the research programs been informed by community and stakeholder input? How do these programs seek to close the gap between trauma research and trauma practice? What challenges are involved in collaborating with peers to conduct research? A certified peer support specialist will close by providing his perspective as a peer delivering research interventions to trauma survivors.

Panel Presentation  
Thursday, November 14  
11:15 AM to 12:30 PM  
Provincetown  

Exposure to and Management of Human Remains: Post-traumatic Consequences and Pathways of Recovery  
(Pub Health, Death-Nat/Dis-Terror-Grief, Lifespan, M, Industrialized)  

Cozza, Stephen, MD; Biggs, Quinn, PhD MPH; Hefner, Kathryn, PhD; Brymer, Melissa, PhD, PsyD; Flynn, Brian, EdD  

1Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA  
2Uniformed Services University, Department of Psychiatry, Bethesda, Maryland, USA  
3National Center for Child Traumatic Stress at UCLA, Los Angeles, California, USA  

Traumatic death resulting from terrorism or disaster events is tragically common. Despite this, there exists little awareness regarding the impact of either direct exposure or notification of human remains identification, nor policy
or treatment guidelines for practical and therapeutic management. This expert panel will discuss existing and emerging findings related to exposure and management of human remains resulting from mass casualty events. One panelist will describe increased risk of psychological distress in U.S. Army mortuary affairs soldiers who repeatedly recover, identify, and evacuate remains of the dead. Challenges associated with the identification of partial and fragmented human remains for 9/11 bereaved family members, and resulting negative consequences associated with iterative notifications of remains identification will also be discussed. Special considerations and challenges associated with the management of and exposure to the remains of children will be described, as will challenges associated with different event types (such as pandemic influenza, or where access to the event site is prohibited due to radiation/biological contamination of remains), and historical issues associated with remains and memorialization. The panel will conclude with a discussion among panelists and the audience to highlight strategies to promote recovery in exposed populations.

Workshop Presentation
Thursday, November 14
11:15 AM to 12:30 PM
Salon H/I

Promoting Posttraumatic Resilience in Under-Resourced Communities:
Contextualizing Trauma-Informed Interventions with Community Leaders
(Global, Comm/Int-Surv/Hist-Train/Ed/Dis-Civil/War, Lifespan, M, E & S Africa)

D'Andrea, Wendy, PhD1; Yacevich, Ilya, LMFT2; Shankar, Anita, MPH2
1New School for Social Research, New York, New York, USA
2Global Trauma Project, Nairobi, Kenya

Global Trauma Project (GTP) is a Kenya-based organization that works with under-resourced communities to support trauma-informed practice through strengthened and empowered local leadership. Within global, sustainable change-making there are critical, yet often overlooked, steps. GTP will highlight how to scale up mental health supports from the individual to community level. This workshop will also provide an overview of GTP’s clinical approach- the Trauma-Informed Community Empowerment (TICE) Framework, through which program participants have demonstrated significant impacts, including a 67% reduction in PTSD symptoms. Workshop participants will gain an understanding of how to (1) reduce stigma and increase organic ownership of mental health supports, (2) use research and current treatment guidelines in a culturally responsive manner, and (3) navigate logistical stressors of working in the domain of global mental health. Using case examples, including those of trauma healing initiative in South Sudan, Kenya & Somalia, this interactive session will provide participants with a synopsis of the theory and experiential practice of contextualization.
A Network Analysis of the CAPS-5 in a Sample of Adult Traumatic Injury Survivors in Early Recovery
(Assess Dx, Acc/Inj-Acute, Adult, A, Industrialized)

Hunt, Josh, PhD¹; Larsen, Sadie, PhD²; Huggins, Ashley, BA³; Geier, Timothy, PhD¹; Fitzgerald, Jacklynn, PhD³; Chesney, Samantha, MS, PhD Student⁴
¹Medical College of Wisconsin, Milwaukee, Wisconsin, USA
²Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin, USA
³University of Wisconsin - Milwaukee, Milwaukee, Wisconsin, USA
⁴Marquette University, Milwaukee, Wisconsin, USA

There are over 636,000 ways to be diagnosed with PTSD based on DSM-5 criteria. In recent years, network analysis has gained traction as one way to examine the presence of core symptoms and their interconnections. To date, few studies have used this approach in the early aftermath of traumatic injury. The objective of this study was to examine PTSD symptoms as measured by the CAPS-5 in adults, following admission to a US Level 1 Trauma Center. CAPS-5 (α = .938) were administered within six months (n=406) post-injury, with symptoms anchored to the index traumatic event that led to hospitalization. Within this sample 115 participants (28.3%) met criteria for PTSD and 124 (30.5%) met criteria for subthreshold PTSD. Results showed a pattern in which “core PTSD” symptoms (i.e., intrusive thoughts and cued psychological reactivity) were strongly related to one another, while the symptoms of a posttraumatic psychological “dysphoria” (i.e., concentration difficulties, diminished interest) were also uniquely and strongly connected to one another. As with past findings, negative emotionality was indicated as playing a central role in the overall network, while posttraumatic amnesia was poorly related to the network. These results can help to inform symptom specific, evidence-based treatments delivered in the early aftermath of a traumatic injury event to facilitate expedited recovery.

Meaningful Military Engagement and Social Support Promote Resilience Following Deployment Stress: Predicting Reintegration Trajectories in OEF/OIF/OND Veterans
(Clin Res, Affect/Int-Cog/Int-Comm/Int-Mil/Vets, Adult, M, Industrialized)

Finkelstein-Fox, Lucy, MS, PhD Student¹; Sinnott, Sinead, MA¹; Park, Crystal, PhD¹; Mazure, Carolyn, PhD²; McKee, Sherry, PhD²; Hoff, Rani, PhD MPH³
¹University of Connecticut, Storrs, Connecticut, USA
²Yale School of Medicine, Department of Psychiatry, New Haven, Connecticut, USA
³Northeast Program Evaluation Center / Evaluation Division, National Center for PTSD /Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut, USA

Appraising one’s military engagement as meaningful (MME; Britt & Bliese, 2003) and receiving post-deployment social support represent distinct coping strategies that promote veterans’ resilience against posttraumatic stress.
symptoms (PTSS) following deployment stressors. However, few studies have tested MME and social support as predictors of resilience trajectories over time. To address this gap, we used growth-curve modeling to examine changes in PTSS over 6 months in a sample of 729 recent-era veterans (33% female, Mage= 34.9) interviewed at baseline, 3, and 6 months. Baseline MME, social support, and deployment stressors (combat, general unit harassment, sexual harassment), were tested as predictors of symptom change; covariates were time since military separation, gender, and post-deployment stressors. Results indicated that high post-deployment social support and lower combat exposure predicted lower initial PTSS; sexual harassment positively predicted PTSS only for those high in MME. Longitudinally, greater MME (but not social support or deployment stressors) predicted greater PTSS reduction over time. Results suggest that social support coping is an important predictor of individual differences in PTSS, whereas cognitive coping strategies, such as MME appraisals, may promote steady symptom reduction and should be emphasized throughout reintegration to civilian life.

Flash Talks Session One

Conditional Risk for PTSD in an Epidemiological Study of a Brazilian Urban Population.
(Pub Health, Comm/Vio-Health-Epidem, Adult, I, Latin Amer & Carib)

Luz, Mariana, MD PhD¹; Berger, William, MD, PhD¹; Mendlowicz, Mauro, MD PhD²; Vilete, Liliane, PhD, MD³; Figueira, Ivan, MD PhD¹
¹Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil
²Universidade Federal Fluminense, Rio de Janeiro, Brazil
³Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Introduction: Conditional risk for PTSD is the risk of developing PTSD after exposure to traumatic events. This epidemiological study of the general urban population from two of the largest cities in Brazil reports exposure to traumatic events; conditional risk for PTSD; and proportion/estimated number of PTSD cases secondary to each type of traumatic event. Method: Cross-sectional study of general population (15-75 y.o.) from Rio de Janeiro and São Paulo. PTSD was assessed through Composite International Diagnostic Interview 2.1. Results: Our main findings, from 3,744 participants, were: 1) high prevalence of traumatic events (86%), urban violence being the most common; 2) conditional risk for PTSD was 11.1%; 3) women (15.9%) have overall conditional risk 3 times higher than men (5.1%); 4) war-related trauma (67.8%), childhood sexual abuse (49.1%) and adult sexual violence (44.1%) had the highest conditional risks; 5) 35% of PTSD cases (estimated 435,970 individuals) were secondary to sudden/unexpected death of a close person, and 40% secondary to interpersonal violence. Conclusions: Brazilian urban population is highly exposed to urban violence, and overall conditional risk for PTSD was 11.1%. Violence prevention and enhancement of resilience should be part of public policies, and mental health sequelae of trauma should be better recognized and treated.

Flash Talks Session One

Learning to Talk About Trauma in the Operating Room: A Multidisciplinary Intervention to Address the Emotions of Medical Practice
(Self-Care, Clinical Practice-Prevent-Train/Ed/Dis-Med/Som, Other, M, Industrialized)

Putnam, Elizabeth, MD; Lehrian, Laura, DO; Rochlen, Lauryn, MD; Stratton, Kelcey, PhD; Zisblatt, Lara, EdD
University of Michigan - Michigan Medicine, Ann Arbor, Michigan, USA

Medical providers may be repeatedly exposed to adverse events and trauma, which can have long-term psychological impacts. Clinical simulation activities are designed to provide technical preparation to manage stressful or complex procedures, but do not directly address the emotional impact of such events. Clinical
simulations offer a unique opportunity to elicit *in vivo* stress and introduce emotional processing skills, thereby enriching a clinical exercise with practical coping skills that may minimize negative impacts of professional trauma. This study paired a stressful simulation scenario for N=89 anesthesiology residents with a brief evidence-informed intervention emphasizing the social-cognitive theory of trauma. Residents identified physiological, cognitive, and emotional experience and discussed coping efficacy and social support. Measures of stress and coping given pre-intervention and at 1-month follow-up showed improved emotional coping after the intervention. At follow-up, 55% of residents rated their emotional coping ability as extremely well or very well, compared with 45% pre-intervention. 87% reported using the coping skills from the intervention, with a particular increase in social support utilization. This innovative, multidisciplinary, *in vivo* stress intervention informs future work recognizing the emotional impact of loss and trauma on medical providers.

**Flash Talks Session One**

**The Effect of Patient- and Group-Masculine Ideology on PTSD Symptom Change**

*(Clin Res, Clin Res-Mil/Vets-Gender, Adult, M, Industrialized)*

McCloskey, Katharine, PhD Student; Baugh, Leah, MA PhD Student; Wojcik, Katharine, MS, PhD Student; Cox, Daniel, PhD  
*University of British Columbia, Vancouver, British Columbia, Canada*

Traditional masculine ideology (TMI) has been shown to be associated with PTSD symptom severity (McDermott, Tull, Soenke, Jakupcak, & Gratz, 2010). Moreover, adherence to TMI may interfere with recovery following a traumatic event (e.g., negative attitudes toward psychological help-seeking (Berger, Levant, McMillan, Kelleher, & Sellers, 2005), difficulty with emotional expressivity (Jakupcak, Tull, & Roemer, 2005)). Presently, we investigated the association between patient’s adherence to masculine ideology and change in PTSD symptoms as well as the association between the group’s adherence to masculine ideology and patients’ change in PTSD. Participants were 297 Canadian men participating in an outpatient group treatment program designed to help veterans with trauma transition from military to civilian life. We used random-effects multilevel modelling with patients nested within groups. Further, we modeled patient- and group-masculine ideology simultaneously to parcel patient and group effects on patient PTSD symptom change. Results indicated that patient masculinity inhibited PTSD symptom reduction (γ₁₀ = 10.08, *p* < .01) while group masculinity facilitated patient PTSD symptom reduction (γ₀₁ = -9.66, *p* < .01). Theory regarding TMI and its effect on group dynamics will be discussed, and group treatment considerations for veteran men with PTSD and TMI will be proposed.

**Flash Talks Session One**

**PTSD and Autism: An Unexplored Comorbidity**

*(Assess Dx, Dev/Int, Adult, M, Industrialized)*

Horesh, Danny, PhD; Haruvi Lamdan, Nirit, MA PhD Student; Zohar, Shani, BA; Kraus, Meital, BA; Golan, Ofer, Prof Dr  
*Bar-Ilan University, Ramat Gan, Israel*

**Objective:** To date, the comorbidity between PTSD and Autism Spectrum Disorder (ASD) was very scarcely studied. Our aim was to examine PTSD among adults with high-functioning ASD following various traumatic life events, including social stressors, such as bullying and ostracizing.  

**Methods:** Fifty Israeli adults, 25 with ASD and 25 with typical development (TD) took part. The groups were matched on age (M=22.9, SD=3.6) and gender. Participants completed self-report questionnaires tapping traumatic life events and PTSD (via PCL-5).  

**Results:** 32% of the ASD group met the PCL cutoff for a probable PTSD diagnosis, compared to only 8% in the TD
group. Participants with ASD experienced more traumatic life events, and specifically more negative social events, compared to TD participants. Exposure to negative social events was associated with PTSD among ASD participants, but not among TD participants.

**Conclusions**: Individuals with ASD seem to constitute a high-risk group in the face of trauma. The PTSD-ASD association may be related to increased trauma exposure among those with ASD, particularly in the social realm. Furthermore, PTSD and ASD may share various underlying mechanisms, including dysregulated emotion and impaired social cognition. These results highlight the need to develop novel interventions for traumatized individuals with an existing neurodevelopmental vulnerability.

**Flash Talks Session One**

**Correlations between Child and Caregiver Reports of Medical Traumatic Stress Symptoms in Pediatric Patients with Chronic Illness**
(Bio Med, Chronic-Fam/Int-Illness, Child/Adol, M, Industrialized)

Cuneo, Addison, MD; Perito, Emily, MD, MAS
University of California, San Francisco, San Francisco, California, USA

Children with chronic illness undergo burdensome medical regimens, frequent hospitalizations and invasive procedures which can cause a type of trauma called “Pediatric Medical Traumatic Stress” (PMTS). The impact of caregiver traumatic stress symptoms on their children’s responses to medical events has not been studied in children with chronic, incurable diseases such as cystic fibrosis (CF) and chronic pancreatitis (CP). This study investigates patient-caregiver correlations in stress symptoms. The Impact of Events Scale-Revised was administered to 26 children 8-21 years old with CF and/or CP who endorsed potentially traumatic medical events and to their caregivers. Child scores for avoidance, hyperarousal, and intrusion increased with escalations in corresponding caregiver scores. By linear regression, correlations were statistically significant for avoidance and hyperarousal, with a 0.69-point increase in child avoidance scores for every 1-point increase in caregiver score (p=0.000, 95%CI 0.37-1.00, R²= 0.46) and a 0.53 point increase in child hyperarousal score for each 1-point increase in caregiver score (p=0.02, 95%CI 0.11-0.95, R²=0.22). A similar, non-significant correlation was seen for intrusion scores (coeff 0.44, p=0.06, 95%CI -0.02-0.89). These associations support the need for family-centered interventions for children with chronic illness experiencing PMTS.

**Flash Talks Session One**

**Changes in Sleep Over the Course of Cognitive Processing Therapy + Hypnosis for Posttraumatic Stress Disorder**
(Clin Res, Assess Dx-Sleep, Adult, I, Industrialized)

Arditte Hall, Kimberly, PhD1; Werner, Kimberly, PhD2; Griffin, Michael, PhD2; Galovski, Tara, PhD1
1National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
2University of Missouri St. Louis, St. Louis, Missouri, USA

Sleep impairment is a core feature of posttraumatic stress disorder (PTSD) and may be resistant to trauma-focused therapy. Previous research has found that sleep-directed hypnosis is superior to symptom monitoring for improving subjective sleep quality, particularly sleep latency, in women with PTSD. This study extended previous findings by comparing the effects of sleep-directed hypnosis and symptom monitoring on objective indices of sleep quality measured with actigraphy. Forty-five women with PTSD were randomized to receive sleep-directed hypnosis + cognitive processing therapy (hypCPT) or symptom monitoring + CPT (smCPT). Pre- and post-treatment, participants completed daily actigraphy assessments of nocturnal sleep latency and waking after sleep onset.

**Presenters' names are in bold. Discussants' names are underlined.**
**Moderators' names are in bold and underlined.**
**Guides to Keyword Abbreviations located on pages 1-3.**
**Primary keyword, Secondary Keywords, Population type, Presentation Level, Region**
Following treatment, women receiving hypCPT took less time to fall asleep (M=12.79, SE=4.32 min) than women receiving smCPT (M=27.42, SE=5.38 min), t(61.08)=2.12, p=.038. Women receiving hypCPT (M=14.82, SE=4.39) also had less variability in sleep latency than women receiving smCPT (M=29.28, SE=5.47), t(60.81)=2.06, p=.044. Waking after sleep onset did not change from pre- to post-treatment in either condition. Adding sleep-directed hypnosis to trauma-focused therapy improves objective sleep latency in PTSD. However, different interventions may be needed to address other sleep impairments, such as waking after sleep onset.

Flash Talks Session One

Child Abuse and Mental Health Problems in Adolescence; The Role of Inhibitory Control.
(Pub Health, CPA-Cog/Int-Depr, Child/Adol, M, Industrialized)

Augusti, Else-Marie, PhD1; Sætren, Sjur, BA2; Myhre, Mia, MD PhD2; Hafstad, Gertrud, PhD1
1Norwegian Centre for Traumatic Stress Studies, Oslo, Norway
2Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

Child abuse is associated with an increased risk of developing mental health problems. Adolescence is a developmental stage at which vulnerability and onset of mental health problems increase. Understanding potential mechanisms for the development of mental health problems in maltreated adolescents is necessary in order to enhance interventions and ameliorate suffering for affected individuals. One cognitive mechanism associated with the development of mental health problems is inhibitory control. The present study aim is to investigate the mediating role of inhibitory control between self-reported childhood abuse and mental health problems in adolescence. The emotional Go/No-Go paradigm was administered to measure inhibitory control among 7241 12-16-year-olds who participated in a web-based prevalence study on child abuse and neglect. Internalizing symptoms (depression, anxiety and PTSS) were assessed by self-report. An ANOVA showed that adolescents reporting more than one physical abuse experience had significantly more errors on the inhibitory control task and more reported internalizing symptoms than their non-abused peers. A mediator analysis will be employed to investigate the role of inhibitory control in maltreated adolescent’s mental health symptoms. There seems to be a significant association between childhood maltreatment, inhibitory control and symptomatology.

Flash Talks Session One

Pretreatment Predictors of Dropout from Cognitive Behavioral Therapy for PTSD in a Military Psychology Clinic
(Clin Res, Clin Res-Cog/Int-Mil/Vets, Adult, M, Industrialized)

Folke, Sofie, PhD, MSc1; Andersen, Søren, PhD2; Hjortkjaer, Dorte, MSc3; Nielsen, Anni Brit Sternhagen, PhD, MSc, RN2
1Danish Veteran Centre, Ringsted, Denmark
2Research and Knowledge Center, The Danish Veteran Center, Ringsted, Denmark
3Danish Veteran Centre, Copenhagen, Denmark

Cognitive-behavioral therapies (CBTs) for posttraumatic stress disorder (PTSD) have been shown to be effective, though they can be limited by high treatment dropout rates. The current study examined pretreatment predictors of dropout in CBT for PTSD in a clinical setting. Study participants were 200 formerly deployed Danish soldiers receiving trauma-focused CBT for deployment-related psychopathology at the Military Psychology Clinic within the Danish Defense. Forty-two soldiers (30%) dropped out of treatment prematurely. Multivariate logistic regression analysis found higher odds for lower age (OR: 0.91; 95% CI: 0.86-0.97), having children (OR: 3.29; 95% CI: 1.28-8.43), and alcohol consumption exceeding weekly recommendations (OR: 4.43; 95% CI: 1.37-14.31) among...
treatment dropouts (n=42) versus treatment completers (n=138). Results will be discussed in relation to previous studies of variables influencing CBT completion in “real world” clinical practice.

Thursday, November 14, 2019
Concurrent Session Three

Invited Panel
Thursday, November 14
3:00 PM to 4:15 PM
Salon G

Implementation of the ISTSS PTSD Guidelines Recommendations for Children and Adolescents in everyday settings: Choosing and Using the Best Treatment
(Practice, Clinical Practice, Child/Adol, M, Global)

Ford, Julian, PhD; Berliner, Lucy, MSW; Jensen, Tine, PhD; Kassam-Adams, Nancy, PhD
1University of Connecticut Health Center, Farmington, Connecticut, USA
2University of Washington/Harborview Medical Center, Harborview Center for Sexual Assault and Traumatic Stress, Seattle, Washington, USA
3University of Oslo, Oslo, Norway
4Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

The ISTSS Guidelines has now identified several treatment approaches that are recommended for children and adolescents. The Guidelines also include recognition of complex PTSD (CPTSD). Given the several treatment options as well consideration of comorbidities and new ways of viewing client symptom profiles such as CPTSD, selecting the treatment that is optimal for a client may be challenging. This panel will review commonalities among the treatments that are recommended, strategies for collaborative treatment matching and choice, indications and approaches for early intervention, when to consider promising practices and what the role of pharmacology might be. The panel will also address considerations for schools, organizations and providers in screening and assessment, selecting the treatments that services will offer, training providers in one or more treatments and maintaining sufficient fidelity to get desired outcome. Practical strategies will be discussed for applying the models in real world child and adolescent settings for how to personalize therapies as appropriate for clients, how to engage clients who may be reluctant to engage treatment and how train clinicians and deliver treatment for clients who have co-morbid conditions, live in disadvantaged contexts or have CPTSD.
Invited Speaker
Thursday, November 14
3:00 PM to 4:15 PM
Arlington

How Traumatic Stress and Addiction have been Together Understood: Charting a Course Forward in Unifying their Research and Treatment
(Clin Res, Chronic-Complex-Sub/Abuse, Adult, M, Industrialized)

Hien, Denise, PhD, ABPP
Rutgers University, Graduate School of Applied and Professional Psychology, Piscataway, New Jersey, USA

Over two decades, clinicians and researchers have become increasingly aware of the significant relationship between early and ongoing trauma exposure, and substance use of all kinds. High rates of traumatic stress exposure in childhood and across the lifespan have been linked to misuse of alcohol and other substances—and for some, the subsequent development of addictive disorders. An overview of affective, cognitive and neurobiological models that have been advanced to understand links between traumatic stress and addiction will be presented. Trauma processing and skill-based techniques have been applied to address PTSD among those struggling with substance use recovery. This talk provides a conceptualization of behavioral and pharmacological approaches that have been developed to concurrently treat traumatic stress and addictions, elucidating metrics for evaluating when our outcomes should be considered clinically significant. The current state of science will be reviewed critically, identifying key implications and highlighting limitations of the existing evidence base of randomized clinical trials, systematic reviews and meta-analyses in order to chart the course forward for the next decades of clinicians and researchers. Current barriers to dissemination of evidence-based trauma treatment models in community substance use treatment will also be discussed.
A Safe Haven: Understanding the Impact of Post-Migration Context on Refugee Mental Health
(Clin Res, Pub Health-Refugee-Torture-Civil/War, Adult, M, Global)

Morina, Naser, MA; Bryant, Richard, PhD
1Zurich University, Zurich, Switzerland
2University of New South Wales, School of Psychology, Sydney, New South Wales, Australia

By definition, refugees seek asylum in to escape persecution and conflict. Research has demonstrated, however, that the post-migration environment has a profound impact on mental health outcomes of refugees and asylum-seekers over and above the effects of past traumatic experiences. The four presentations in this symposium detail novel investigations of how the environment in host and transition countries affects mental health outcomes amongst refugees.

The first presentation reports on a study examining the differential impact of living in a refugee camp or urban environment while in countries of transition on the mental health and functioning of refugees who are subsequently resettled. The second study implements latent class analysis to identify patterns of post-migration stressors amongst resettled refugees, and investigate their associations with psychopathology. The third presentation details a longitudinal study on the impact of the family environment and parental mental health on posttraumatic stress amongst refugee children. The fourth presentation reports on the association between post-migration stressors and treatment outcome amongst help-seeking refugees.

This symposium will conclude with a discussion of implications of research on the post-migration context and refugee mental health for settlement policy and clinical practice.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon A/B

A Safe Haven: Understanding the Impact of Post-Migration Context on Refugee Mental Health

The Effect of Pre-Settlement Context (Camp vs. Urban Setting) on PTSD, Depression and Post-Migration Living Difficulties among Resettled Refugees
(Clin Res, Cul Div-Depr-Health-Refugee, Adult, M, Industrialized)

Kashyap, Shraddha, PhD; Keegan, David, MSW; Nickerson, Angela, PhD
1School of Psychology, University of New South Wales, Sydney, NSW, Australia
2HOST International, Sydney, NSW, Australia
3University of New South Wales, School of Psychology, Sydney, NSW, Australia

Objective. Pre-migration trauma, and post-migration living difficulties are associated with an increased risk of psychological disorders (e.g. PTSD and depression), among refugees. However, rates of psychological disorders
vary significantly in this population. We aimed to investigate whether diverse experiences before resettlement (i.e. living in a refugee camp vs. urban setting), accounted for variable mental health among refugees. **Method.** Self-reported, longitudinal data on psychological distress and living difficulties were collected from 1647 resettled refugees in Australia, as part of the Building a New Life in Australia study. **Results.** Path analyses suggest that having lived in a refugee camp was associated with lower PTSD, but more post-migration living difficulties, compared to those who never lived in a camp. **Conclusions.** Results highlight the importance of pre-settlement context on post-migration wellbeing. Implications for intervention include exploring whether people with refugee backgrounds have different needs based on their pre-settlement context (refugee camp vs urban setting). Since refugees who lived in a camp reported more living difficulties, it could be that they require more practical help with resolving these difficulties; while those from urban settings require more targeted psychological intervention for PTSD.

**Symposium**  
Thursday, November 14  
3:00 PM to 4:15 PM  
Salon A/B

**A Safe Haven: Understanding the Impact of Post-Migration Context on Refugee Mental Health**

**Profiles of Post-migration Stressors and Mental Health in Refugees: A Latent Class Analysis.**  

**Byrow, Yulisha, PhD**1; Liddell, Belinda, PhD2; O'Donnell, Meaghan, PhD3; McMahon, Tadgh, Research and Policy Manager4; Benson, Greg, General Manager4; Mau, Vicki, MA5; Nickerson, Angela, PhD5  
1University of New South Wales, Sydney, NSW, Australia  
2University of New South Wales, School of Psychology, Sydney, NSW, Australia  
3Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Melbourne, Victoria, Australia  
4Settlement Services International, Sydney, NSW, Australia  
5Red Cross Australia, Carlton, VIC, Australia

**Introduction:** Numerous studies document the mental health effects of pre-migration trauma and more recently post-migration stressors on resettled refugees. To date, no studies have examined the heterogeneity of post-migration stressors and the impact of distinct patterns of post-migration stressors on mental health. In an Australian based sample of 1085 refugees and asylum-seekers, we investigated the relationship between distinctive profiles of post-migration stressors and mental health. **Method:** Latent class analysis was conducted to classify individuals based on the severity of current post-migration stressors. **Results:** Findings showed 5 distinct profiles of post-migration stressors: high difficulties, high immigration fear, high loneliness and isolation, moderate difficulties, and low difficulties. Trauma exposure, visa security, and key demographics differentially contributed to the emergence of these profiles. The immigration fear class and loneliness and isolation class had similarly high levels of PTSD, depression, and anger but the immigration class exhibited lower levels of functional disability. **Discussion:** Findings suggest that post-migration stressors map onto distinct profiles, which uniquely contribute to mental health outcomes. These findings could assist us in identifying those most at risk of developing psychopathology and facilitate timely intervention.
A Safe Haven: Understanding the Impact of Post-Migration Context on Refugee Mental Health

The Influence of Caregiver Traumatic Stress on Child Traumatic Stress in a Sample of Young Refugees in Australia.
(Pub Health, Cul Div-Fam/Int-Refugee-Intergen, Lifespan, M, Industrialized)

Lau, Winnie, PhD\(^1\); Hadzi-Pavlovic, Dusan, MPsys\(^2\); Felmingham, Kim, PhD\(^3\); Bryant, Richard, PhD\(^4\); Silove, Derrick, MD PhD\(^5\); McFarlane, Alexander, MD\(^6\); Nickerson, Angela, PhD\(^7\); Steel, Zachary, PhD\(^8\); Edwards, Ben, PhD\(^8\); Forbes, David, PhD\(^9\); Van Hooft, Miranda, BA (Hons), PhD\(^6\); Pacella, Belinda, BA (Hons)\(^9\); Barbosa, Carolina, PhD Student\(^3\); O'Donnell, Meaghan, PhD\(^1\); Nickerson, Angela, PhD\(^4\); Steel, Zachary, PhD\(^8\); Edwards, Ben, PhD\(^8\); Forbes, David, PhD\(^9\); Van Hooft, Miranda, BA (Hons), PhD\(^6\); Pacella, Belinda, BA (Hons)\(^9\); Barbosa, Carolina, PhD Student\(^3\); O'Donnell, Meaghan, PhD\(^1\)

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\(^3\)University of Melbourne, Melbourne, Victoria, Australia
\(^4\)University of New South Wales, School of Psychology, Sydney, New South Wales, Australia
\(^5\)University of New South Wales, Psychiatry Research and Teaching Unit (PRTU), Mental Health Unit, Liverpool Hospital, Liverpool, Sydney, NSW, Australia
\(^6\)The University of Adelaide, Adelaide, South Australia, Australia
\(^7\)St John of God Health Care and University of New South Wales, Sydney, NSW, Australia
\(^8\)Australian National University, ANU Centre for Social Research & Methods and ANU College of Arts & Social Sciences, Canberra, ACT, Australia
\(^9\)University of Melbourne, Carlton, VIC, Australia

Introduction: Despite the focus on family as a key protective factor in mental health among young refugees, the impact of the family environment and particularly parent mental health is often overlooked in PTSD research in young refugees. The current study examines the longitudinal impact of parental trauma exposure and posttraumatic stress symptoms on children’s posttraumatic stress. Method: A large representative sample of resettled refugees and their children (aged 11-17) in Australia, from the Building a New Life in Australia (BNLA) study (N=283 children and N=205 caregivers), completed measures on trauma experience, posttraumatic stress and other post-migration factors. Results: Path analyses showed in addition to their own trauma exposure, posttraumatic stress among young refugees was directly influenced by their caregivers’ trauma and posttraumatic stress. Discussion: Our findings support a model of intergenerational transmission of trauma where the experience of trauma and posttraumatic stress in caregivers particularly can directly influence children’s experience of posttraumatic stress. Early screening and intervention that focuses on both the caregiver and child’s mental health may be helpful in ameliorating posttraumatic stress in young refugees.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon A/B

A Safe Haven: Understanding the Impact of Post-Migration Context on Refugee Mental Health

70
Presenters’ names are in bold. Discussants’ names are underlined.
Moderators’ names are in bold and underlined.
GuidestoKeywordAbbreviationslocatedonpages1-3.
(Primarykeyword,SecondaryKeywords,Populationtype,PresentationLevel,Region)
Mental Health

Changes in Post-migration Living Difficulties Predict Treatment Outcome in Traumatized Refugees – A 3-year Follow-up Study
(Clin Res, Refugee-Torture-Civil/War, Adult, M, Global)

Morina, Naser, MA\(^1\); Schick, Matthis, MD\(^1\); Mistridis, Panagiota, PhD\(^1\); Schnyder, Ulrich, MD\(^1\); Bryant, Richard, PhD\(^2\); Nickerson, Angela, PhD\(^2\)
\(^1\)Zurich University, Zurich, Switzerland
\(^2\)University of New South Wales, School of Psychology, Sydney, New South Wales, Australia

**Introduction**: The mental health of refugees is affected by traumatic stressors as well as post-migration living difficulties (PMLD). However, their interaction and causal pathways are unclear, and so far, no distinct treatment recommendations regarding exile-related stressors exist.

**Methods**: In a 3-year follow-up study, PMLD and symptoms of PTSD, depression and anxiety were examined in a clinical sample of severely traumatized refugees and asylum seekers (N = 71).

**Results**: Reduction in PMLD predicted changes over time in depression and anxiety accounting for 17.7% of the variance, but not in PTSD. The opposite models with PMLD changes as outcome variable proved not significant for PTSD, and significant, though less predictive, for depression and anxiety.

**Discussion**: In addition to well-established trauma-focused interventions for the treatment of PTSD, psychosocial interventions focusing on PMLD might contribute to a favorable treatment response in traumatized refugees, particularly with regard to depression and anxiety.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon C/D

Looking Beyond Symptom Change: Attending to Functioning in PTSD
(Assess Dx, Clin Res-Cul Div-QoL-Civil/War, Adult, M, E & S Africa)

Thompson-Hollands, Johanna, PhD\(^1\); Schnurr, Paula, PhD\(^2\)
\(^1\)VA Boston Health Care System/Boston University, Boston, Massachusetts, USA
\(^2\)National Center for PTSD, Executive Division, White River Junction VA, White River Junction, Vermont, USA

Individuals with PTSD have substantially lower levels of functioning compared to those without any disorder; impacts are evident across social and romantic relationships, work life, physical capabilities, and more. Functioning is a critical part of quality of life, and as such demands our attention from both a clinical and research perspective. In the current symposium, we consider both the appropriate assessment of functioning, as well as changes in functioning over time. First, Bovin et al. discuss the development of a guideline for PTSD-related disability using the WHODAS 2.0 as determined using a large national sample of veterans. Next, Klein et al. describe the development of a culturally-relevant measure of functioning among traumatized men and women in Somalia; the authors discuss why cultural differences may require the use of specialized measures, as indicators of functioning may be quite specific to a given context. Next, Thompson-Hollands et al. present trajectories and predictors of functioning change among a cohort of over 1600 returning veterans; this naturalistic study provides a unique view across nearly 5 years of assessment, and speaks to what variables may be most and least important with regard to

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**Presenters' names are in bold. Discussants' names are underlined.**
**Moderators' names are in bold and underlined.**
**Guides to Keywords Abbreviations located on pages 1-3.**
**Primary keyword, Secondary Keywords, Population type, Presentation Level, Region**
determining functioning over time. The final presentation by Lee et al. examines the important question of the
interrelationships between symptom change and functioning change during and after PTSD treatment. The authors
use sophisticated analyses of change to establish bidirectional effects between the variables. Across all four talks,
presenters will discuss how better assessing and understanding functioning can contribute to a more holistic
experience of recovery and resilience for patients.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon C/D

Looking Beyond Symptom Change: Attending to Functioning in PTSD

Trajectories and Predictors of Functioning Among OEF/OIF Veterans Enrolled in VA Care
(Assess Dx, QoL-Mil/Vets, Adult, M, Industrialized)

Thompson-Hollands, Johanna, PhD¹; Lee, Daniel, MS²; Rosen, Raymond, PhD³; Keane, Terence, PhD²; Marx,
Brian, PhD²
¹VA Boston Health Care System/Boston University, Boston, Massachusetts, USA
²National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston,
Massachusetts, USA
³New England Research Institutes, Inc., Watertown, Massachusetts, USA

We present data from a study (N = 1,648) of post-9/11 veterans enrolled in VA healthcare, oversampled for PTSD
cases (3:1) and females (1:1) and assessed at 4 timepoints over an average of 4.5 years. Growth curve modeling was
used to identify the intercept and slope of functioning over time based on Inventory of Psychosocial Functioning
scores across domains. Results indicated that functioning improved over time for the full sample (β = -0.37, p =
.001) and that functioning at baseline was not associated with change over time (β = -0.18, p = .251). Veterans with
less social support (β = -0.48), greater alcohol abuse (β = 0.18), and PTSD diagnosis (β = 0.24) had poorer
functioning (all ps<.001). Veterans with greater social support (β = 0.19) and lower trauma exposure (β = -0.12)
experienced greater improvements in functioning over time. Results for several other predictors (e.g., number of
deployments, MST exposure, service connection status, TBI) will also be presented; results indicate substantial
heterogeneity in the relationship between predictor variables and functioning. Our findings highlight the significant
role of social connectedness, PTSD, and alcohol abuse in psychosocial functioning over time among veterans.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon C/D

Looking Beyond Symptom Change: Attending to Functioning in PTSD

Sequence of Change and Direction of Effect between PTSD Symptoms and
Psychosocial Functioning in Treatment
(Clin Res, Affect/Int-Cog/Int-Comm/Int-Mil/Vets, Adult, M, Industrialized)
The current study examined the association between changes in PTSD and functioning among veterans with PTSD randomized to Group Cognitive Behavior Therapy for PTSD (GCBT; n = 98) or Group Present Centered Therapy (GPCT; n = 100). PTSD symptoms and functioning were measured using the CAPS-5 and SF-36, respectively, at baseline, mid-treatment, post-treatment, and follow-up over the course of one year. Effect size analyses indicated that PTSD symptom reduction temporally preceded functioning improvement in both conditions. Parallel process growth curve modeling results indicated that greater symptom reduction in treatment was associated with greater improvement in functioning in both conditions (ps≤.006). Bivariate latent change score analyses revealed a reciprocal association in GCBT and GPCT; greater reductions in PTSD symptoms during treatment predicted greater functioning improvement during follow-up (b=-2.26, SE= .43, and b=-2.67, SE=.13, respectively) and greater functioning improvement during treatment predicted greater reductions in PTSD symptoms during follow-up (b=-0.62, SE=.10, and b=-0.79, SE=.13, respectively, all ps<.001). Results indicate PTSD symptom change temporally precedes functioning improvement and a reciprocal effect such that improvements in PTSD symptoms and functioning during treatment predict subsequent improvements in each other following treatment.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon C/D

Looking Beyond Symptom Change: Attending to Functioning in PTSD

The Development of a Local Measure of Functioning in Somalia
(Assess Dx, Assess Dx-Refugee, Adult, M, E & S Africa)

In war-torn regions, like Somalia, trauma burden is high (Jonson et al., 2010). Understanding the nature of trauma-related problems is difficult, partly due to the incongruence between Western psychiatric models and the Islamic faith (Boynton et al., 2010). Poor functioning is associated with trauma-related pathology (Holowka & Marx, 2011), but Western instrumentation may not adequately capture functioning in low resource, Muslim countries. We piloted a lay-lead, group intervention for reducing trauma-related symptoms in Somalia. At baseline, participants (N = 28) endorsed functional problems on the WHO-5 Well Being Index (Bech et al., 2003) that were improved post-treatment (t[27] = -7.06, p<.001). We developed a local measure of functioning with the input of group leaders (N = 8), utilizing guidelines from Bolton and Tang (2002). We conducted free list interviews assessing multiple functional domains, created a composite of commonly endorsed items, and elicited feedback from the local
population. Male (n = 3) and female (n = 4) focus groups were conducted in Somalia, resulting in a measure of nine
gender-specific functional tasks (e.g., cleaning house, going to work, daily prayer). While functional problems
following trauma are universal, religious tasks may be particularly salient to those of the Muslim faith and require
measurement to adequately capture functioning.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon C/D

Looking Beyond Symptom Change: Attending to Functioning in PTSD

Using the World Health Organization Disability Assessment Schedule 2.0 to Assess
Disability in Veterans with Posttraumatic Stress Disorder
(Assess Dx, QoL-Mil/Vets, Adult, M, Industrialized)

Bovin, Michelle, PhD1; Meyer, Eric, PhD2; Kimbrel, Nathan, PhD3; Kleiman, Sarah, PhD4; Green, Jonathan, PhD5;
Morissette, Sandra, PhD6; Marx, Brian, PhD1
1National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston,
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4Boston VA Medical Center, Jamaica Plain, Massachusetts, USA
5VA - National Center for PTSD, Boston, Massachusetts, USA
6The University of Texas at San Antonio, San Antonio, Texas, USA

The introduction of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was
accompanied by the elimination of the Global Assessment of Functioning (GAF) scale, which was previously used
to assess functioning. Although the World Health Organization Disability Assessment Schedule, Version 2.0
(WHODAS 2.0) was offered as a measure for further study, widespread adoption has yet to occur. The lack of a
standardized instrument for assessing posttraumatic stress disorder (PTSD)-related disability has important
implications for disability compensation. Therefore, this study was designed to determine and codify the utility of
the WHODAS 2.0 for assessing PTSD-related disability. Veterans from several VA medical centers (N=1109) were
included. We examined PTSD using several definitions and modalities and considered results by gender and age.
Across definitions and modalities, veterans with PTSD reported significantly greater WHODAS 2.0 scores than
those without PTSD (medium-to-large effects; all ts > 2.29; all ps < .05; all Cohen’s ds > .39). We identified 32 as
the optimally efficient cutoff score for discriminating veterans with and without PTSD-related disability, although
this varied somewhat by age and gender. Findings support the utility of the WHODAS 2.0 in assessing PTSD-
related disability.
Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon H/I

Somatic Symptoms in PTSD: The Importance of Identifying these Symptoms and Addressing them in Treatment as they are Central to the Experience of the Condition
(Clin Res, Acc/Inj-Bio Med-Clinical Practice-Mil/Vets, Adult, M, Global)

McFarlane, Alexander, MD
The University of Adelaide, Adelaide, South Australia, Australia

Four clinician researchers will present research highlighting the centrality of somatic symptoms to PTSD, an aspect of the phenomenology of PTSD that continues to be underrepresented in the DSM diagnostic criteria. In US and Australian military populations, the prevalence of these symptoms in PTSD will be presented and their importance to functional outcomes will be evaluated. The role of autonomic dysregulation as identified by neuroimaging studies will characterise the potential mechanisms of these symptoms and how they are an integral part of the physiological dysregulation of PTSD. A multidisciplinary approach to treatment with demonstrated effectiveness that has been trialled in the Dutch military will be presented.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon H/I

Is PTSD a Psychophysiological Disorder? The Prevalence of Somatic Symptoms in Australian Military Personnel with PTSD and their Relationship to Trauma Exposure
(Assess Dx, Assess Dx-Clinical Practice-Health-Mil/Vets, Adult, M, Global)

McFarlane, Alexander, MD
The University of Adelaide, Adelaide, South Australia, Australia

The significance of somatic symptoms in military populations has been extensively debated and have variably been characterised as being indicative of postdeployment syndromes, a specific comorbidity or somatization (Pacella et al, 2013, Kelsall et al 2014). As part of an epidemiological study of the Australian Defence Force personnel (n=13,234) who had not deployed to Iraq or Afghanistan, the relationship between somatic symptoms (measure by the PHQ 15) and PTSD (PCL C) was examined. The presentation provides data on the prevalence of somatic symptoms in PTSD using odds ratios, highlighting the ubiquitous nature of the physical distress associated with PTSD compared to personnel without PTSD with subsyndromal PTSD reporting an intermediate prevalence of the somatic symptoms. While combat related trauma was a significant predictor of these symptoms, intimate
interpersonal trauma demonstrated the greatest impact, highlighting the importance of cumulative life time trauma in the manifestation of these symptoms. Somatic symptoms represent a range of axes of psychophysiological dysregulation and are a substantial cause of impairment and distress in PTSD. They need to be directly addressed in its assessment and treatment if patient outcomes are to be improved.

**Symposium**  
**Thursday, November 14**  
**3:00 PM to 4:15 PM**  
**Salon H/I**

**Somatic Symptoms in PTSD: The Importance of Identifying these Symptoms and Addressing them in Treatment as they are Central to the Experience of the Condition**

**Generalized Post-War Health Symptoms: Lessons from Iraq and Afghanistan Deployments on the Intersection of PTSD, mTBI, Grief, and Generalized Physical, Cognitive, and Psychological Symptoms**  
(Practice, Health-Pub Health-Mil/Vets-Med/Som, Adult, M, Industrialized)

Hoge, Charles, MD  
*Walter Reed Army Institute of Research/US Army, Silver Spring, Maryland, USA*

Generalized post-war health concerns emerge after every war, although the labels used to describe these conditions and the medical approaches to understanding and treating these conditions have changed over the generations, influenced not only by medical advances, but also historical and socio-political factors. The nearly two decades of war in Iraq and Afghanistan have led to heightened attention on PTSD and mTBI and their overlap, even leading to general acceptance that these two conditions should be considered within the same differential diagnostic domain. However, the reality is that veterans of Iraq and Afghanistan, like their predecessors, have experienced generalized health concerns spanning multiple health domains. With the focus being on PTSD and mTBI, little attention has been directed to fully understanding the global health impact of Iraq and Afghanistan wars, the relative contribution of potential causal factors, and what the evidence suggests would be the most effective interventions and structure of care to address these concerns. This talk will present evidence on the interrelationship of health symptoms based on post-deployment surveys involving U.S. Service Members who have returned from Iraq and Afghanistan. The implications of the evidence will be framed in a historical context, and recommendations for optimizing care will be discussed.

**Symposium**  
**Thursday, November 14**  
**3:00 PM to 4:15 PM**  
**Salon H/I**

**Somatic Symptoms in PTSD: The Importance of Identifying these Symptoms and Addressing them in Treatment as they are Central to the Experience of the Condition**

**A Blended care Program for Somatic Symptoms in Dutch Armed Forces**
A subgroup of servicemen can be identified that seek a disproportional amount of health care in comparison to diagnostic and therapeutic perspectives. This group can be identified on the basis of an absence of a structural medical explanation for their symptoms. While consensus on the biological basis for these complaints is lacking, awareness on the need for effective treatments for this patient group is high. Over last 15 years we developed a functional rehabilitation program with blended care elements of cognitive behavioral therapy (CBT), physical therapy, case management, and psychoeducation, embedded in a day treatment setting. The program received high scores on participant as well as team satisfaction. Typically a third of patients are able to shift from externalizing to internalizing attributions and are able to integrate learned skills in their life at home and at work. In a third of cases patients are referred to psychotherapy when an underlying manifestation becomes apparent. Another third persist on somatic attribution and are offered continued care if needed. All patients receive a personalized care plan. Our STP demonstrated that a blended STP program for MUPS that focuses on life schedules and allostatic load awareness offers a holistic and preventive approach that contributes to a reduction of unnecessary medical consumption, and increased job participation.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Salon H/I

Somatic Symptoms in PTSD: The Importance of Identifying these Symptoms and Addressing them in Treatment as they are Central to the Experience of the Condition

The Effects of Trauma on Psyche and Soma: A Unifying Role for the Brainstem Periaqueductal Grey?
(Bio Med, Bio Med-Chronic-Health-Neuro, Adult, M, Global)
observed in PTSD but not in controls. Implications of this research for the psychological and physical manifestations of posttraumatic stress will be discussed. Finally, early stage clinical studies showing that these abnormal PAG connectivity patterns can be reversed with alpha neurofeedback will be described.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Provincetown

Charting New Directions in Understanding Social Support’s Role in Trauma Recovery and Resilience
(Clin Res, Cog/Int-Comm/Int, Adult, M, Industrialized)

Newman, Elana, PhD; Kovacevic, Merdijana, PhD Candidate
The University of Tulsa, Tulsa, Oklahoma, USA

In 1992, Herman wrote that “traumatic events destroy the sustaining bonds between individuals and community” (Herman, 1997, p. 214). Since that time, research about how social interactions affect trauma-related symptoms and thoughts has evolved (e.g., Guay, Billette, & Marchand, 2006; Ullman, 2002; Wagner, Monson, & Hart, 2016). However, critical questions remain to help us guide interventions such as: How do social responses to survivors affect current or later help-seeking, coping, and resilience? Is it the amount of social support or the nature of the support that is most essential? How do coping and cognition interact with social support and trauma reactions? Do these factors work differently for different groups? This symposium brings together researchers who focus on these topics across a variety of trauma survivors (e.g., physical and sexual assault, car accidents, disasters). Using different analytic approaches, these presentations untangle how the nature of responses to survivors may affect help-seeking, coping, and PTSD symptom severity. Several presentations also explore how survivor’s cognitions may interplay with social factors in the development and/or maintenance of PTSD. Together, these studies chart a course forward for how social factors may be targeted to empower survivors or better employ trauma-informed policy and clinical interventions.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Provincetown

Charting New Directions in Understanding Social Support’s Role in Trauma Recovery and Resilience

The Relationship Between Lack of Social Acknowledgment for Victims of Trauma and PTSD Following Trauma Exposure
(Prevent, Comm/Int-Fam/Int-Prevent, Adult, M, Industrialized)

Ennis, Naomi, Doctoral Student; Liebman, Rachel, PhD; Wagner, Anne, PhD, Cpsych; Ip, Jen, MA Student; Hart, Tae, PhD, Cpsych; Koerner, Naomi, PhD, Cpsych; Monson, Candice, PhD, Cpsych

78 Presenters’ names are in bold. Discussants’ names are underlined. Moderators’ names are in bold and underlined. Guide to Keyword Abbreviations located on page 1-3. (Primary keyword, Secondary Keywords, Population Type, Presentation Level, Region)
Trauma survivors’ reports of lack of social acknowledgment of their trauma from family, friends, and societal groups (e.g., courts, workplace) are consistently found to be associated with a PTSD diagnosis. However, little is known about the course of the relationship (if lack of acknowledgment contributes to PTSD severity or vice versa). The current study examined the longitudinal relationship between lack of social acknowledgment and PTSD severity in adults (N = 152) recently (< 6 months) exposed to a DSM-IV-TR Criterion A trauma. Participants were assessed with the Clinician-Administered PTSD scale (CAPS) and Social Acknowledgment as a Victim Questionnaire (SAQ) every three months for one year (T1 to T4). CAPS, SAQ General Disapproval, and Family/Friends Disapproval scores significantly decreased overtime. Bivariate latent difference score modeling (BLDS) indicated that SAQ General Disapproval scores at T1, T2, and T3 predicted change in CAPS from T1 to T2 (β = 10.23, p = .02), T2 to T3 (β = 9.06, p = .02), and T3 to T4 (β = 8.16, p = .01) respectively. The reverse model (CAPS scores predicting change in SAQ scores) was not statistically significant. None of the cross-lagged effects in the BLDS of SAQ Family/Friends Disapproval and CAPS were statistically significant. Findings suggest that lack of general social acknowledgment may impede natural trauma recovery.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Provincetown

Charting New Directions in Understanding Social Support’s Role in Trauma Recovery and Resilience

Social Support, Coping Self-Efficacy and Coping Strategies as Prospective Predictors of PTSD among Rural Hurricane Florence Survivors
(Social, Comm/Int-Nat/Dis, Adult, M, Industrialized)

Littleton, Heather, PhD¹; Benight, Charles, PhD²; Allen, Ashley, PhD³
¹East Carolina University, Greenville, North Carolina, USA
²University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA
³University of North Carolina Pembroke, North Carolina, USA

Disaster research has supported the importance of exposure, loss, and social support in risk and resilience. Far less work has examined individual factors in risk and resilience, such as coping and self-efficacy, and much is limited by cross-sectional data. The current study seeks to address these gaps via examination of social support, coping self-efficacy, and coping strategies as prospective predictors of PTSD in an ongoing study of 300 rural North Carolina residents exposed to Hurricane Florence, assessed 5-7 months post hurricane and at 3-month follow-up. To date, 79 individuals have been enrolled. Participants are primarily women (92.4%) with an average age of 41 (range 18-74), and 55.7% are ethnic/racial minorities. The majority had high hurricane exposure including loss of possessions, job loss, and exposure to contamination. A total of 35.6% had current hurricane-related PTSD. Hierarchical regression analyses supported that perceived and received social support predicted PTSD, F (4, 71) = 3.3, p < .05, ΔR² = .16, and that addition of hurricane-related coping self-efficacy at step two resulted in a significant increase in variance explained, F (1, 70) = 15.2, p < .005, ΔR² = .15, as did addition of hurricane-related avoidance coping at step three, F (1, 69) = 30.5, p < .005, ΔR² = .21. Implications for understanding post-disaster risk and resilience will be discussed.
Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Provincetown

Charting New Directions in Understanding Social Support’s Role in Trauma Recovery and Resilience

The Relationship among Social Support, Negative Social Responses, and Coping Self-Efficacy and PTSD among Physical and/or Sexual Assault Survivors
(Clin Res, Cog/Int-Comm/Int-Rape, Adult, M, Industrialized)

Kovacevic, Merdijana, PhD Candidate; Newman, Elana, PhD
The University of Tulsa, Tulsa, Oklahoma, USA

Although social support is a robust predictor of PTSD symptom severity (PSS), the social responses trauma survivors receive from others and their beliefs about their capacity to manage trauma related-distress (trauma coping self-efficacy; CSE-T) are also associated with PSS. However, no studies to date have examined the interrelationships among self-reported social support, negative social responses, and CSE-T. Thus, the present study investigates these relationships on PSS among 135 female and 76 male survivors of physical and sexual assault. Correlation results indicated significant relationships among PSS, overall social support, negative social responses, and CSE-T. After controlling for demographic and trauma-related variables, hierarchical regression results indicated: (1) increased overall social support was a stronger predictor of increased PTSD symptom severity as compared to negative social reactions in the third step, $F(10, 200) = 9.41, p < .001, \Delta R^2 = .03$; and (2) CSE-T was a stronger predictor than all social support variables in the final step, $F(11, 199) = 12.88, p < .001, \Delta R^2 = .10$. The model explained 41.58% of the variance in PSS, with CSE-T explaining 9.61%. Thus, above and beyond support, those with higher CSE-T may be better able to use coping resources to manage PSS.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Provincetown

Charting New Directions in Understanding Social Support’s Role in Trauma Recovery and Resilience

Social Reactions to Sexual Assault Disclosure: Implications for Multidisciplinary Responses and Public Education
(Clin Res, Rape, Adult, M, Industrialized)

DePrince, Anne, PhD1; Dmitrieva, Julia, PhD2; Wright, Naomi, PhD Student2; Gagnon, Kerry, PhD2; Srinivas, Tejas, PhD1; Labus, Jennifer, PhD3
Following sexual assault disclosures, women can receive positive as well as negative reactions from others. The current study examined social reactions reported from community-based providers, criminal justice personnel, and family/friends by 228 women who were sexually assaulted in the previous year and who disclosed the assault to a formal support person. Multilevel factor analyses of social reactions revealed considerable variability in the social reactions reported by women across criminal justice personnel, community-based providers, and informal supports using the Social Reactions Questionnaire. Women received more negative social reactions from family/friends and more positive from community-based providers. Among 213 women who had disclosed the sexual assault to a community-based provider, 56% reported to law enforcement. Law enforcement reporting was associated with more positive (tangible aid) and less negative (distraction, being treated differently) reactions from informal supports; and more tangible aid and less emotional support from community-based providers. Tangible aid from community-based providers predicted law enforcement reporting over the subsequent nine months among women who had not initially reported. Implications of these findings for multidisciplinary responses to sexual assault as well as public education efforts will be discussed.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Berkeley/Clarendon

Facilitating Resilience among Survivors of Intimate Partner Violence
(Clin Res, Cul Div-DV-Sub/Abuse-Gender, Adult, M, Industrialized)

Holmes, Samantha, PhD
Yale School of Medicine, Department of Psychiatry, New Haven, Connecticut, USA

Women who are survivors of intimate partner violence (IPV) are at a disproportionately high risk for adverse mental health (PTSD, problematic alcohol use) and economic outcomes (financial hardship, financial dependence on abuser). These, in turn, result in decreased social and occupational functioning as well as an increased likelihood of returning to one’s abuser and experiencing revictimization. It is therefore imperative to: 1) ascertain protective factors at both the individual- and system-level that bolster resilience among IPV survivors, and 2) develop and test interventions that target those protective factors. This symposium will address both of these objectives in diverse samples of IPV survivors.

The first two presentations focus on individual-level protective factors. Dr. Johnson explores why Black women residing at IPV shelters endorse lower levels of PTSD than their White peers despite reporting higher levels of IPV. Specifically, she examines how potential culturally-salient protective factors such as social support and empowerment may be associated with fewer posttraumatic cognitions and thus lower levels of PTSD symptoms for Black women. Next, Dr. Sullivan discusses the specific context in which empowerment is most protective against problematic alcohol use. Utilizing a community sample of IPV survivors, her presentation provides insight regarding the extent to which empowerment is protective as a function of survivors’ race as well as the type (physical, sexual, psychological) and severity of the IPV experienced. Results of both presentations provide important information regarding mechanistic targets for future interventions.

In the third presentation, Dr. Holmes explores system-level protective factors among a sample of women whose partners were arrested for IPV. Specifically, she examines how the criminal protection order process and outcomes may impact survivors’ willingness to use the system in the future (e.g., call the police or victim’s advocate). Results highlight the potential importance of court personnel in increasing women’s willingness to use the system.
When protective factors for IPV survivors are identified, the ultimate goal is often to develop effective interventions. In the final presentation, Dr. Postmus will focus on the protective role of financial empowerment by providing a conceptualization of the term as well as describing the results of a randomized controlled trial of an intervention developed to increase IPV survivors’ financial empowerment. These four presentations advance the extant knowledge of how to facilitate IPV survivors’ resilience.

**Symposium**  
**Thursday, November 14**  
**3:00 PM to 4:15 PM**  
**Berkeley/ Clarendon**

**Facilitating Resilience among Survivors of Intimate Partner Violence**

**Examining how Criminal Protection Order Processes and Outcomes Influence Female IPV Survivors’ Willingness to Engage with the System**  
(Clin Res, DV-Gender, Adult, M, Industrialized)

_Holmes, Samantha, PhD_1; Maxwell, Christopher, PhD_2; Sullivan, Tami, PhD_3  
1_Yale School of Medicine, Department of Psychiatry, New Haven, Connecticut, USA_  
2_Michigan State University, School of Criminal Justice, East Lansing, Michigan, USA_  
3_Yale University School of Medicine, New Haven, Connecticut, USA_

Consistent with therapeutic jurisprudence, IPV survivors’ involvement in court can be associated with therapeutic or anti-therapeutic outcomes, regardless of the case disposition. To date, outcomes have been examined in relation to criminal IPV trials and civil protection orders (POs); however, outcomes related to criminal POs have yet to be examined. Criminal PO processes are important to study because, unlike civil POs, criminal POs are initiated by justice system personnel and IPV survivors have little influence. Therefore, the current study assessed whether the criminal PO process (i.e., survivor’s subjective experience of the court process) and/or outcome (i.e., whether a survivor received the level of criminal PO they requested) predict survivors’ willingness to use the system in the future (e.g., call the police or victim’s advocate). In a sample of 187 women whose partners were arrested for IPV, positive court experiences ($\beta = .36, p = .001$) and experiences of fear ($\beta = .41, p < .001$) were positively associated with willingness to use the system. Whether or not participants received the criminal PO at the level requested, however, was not a significant predictor of willingness. Results suggest that the criminal PO process, more than the outcome, influences survivors’ willingness to engage in the system.

**Symposium**  
**Thursday, November 14**  
**3:00 PM to 4:15 PM**  
**Berkeley/ Clarendon**

**Facilitating Resilience among Survivors of Intimate Partner Violence**

**The Impact of Race and Empowerment on Problem Drinking among Victims of Intimate Partner Violence**  
(Commun, DV-Ethnic, Adult, M, Industrialized)

_Sullivan, Tami, PhD_1; Woerner, Jacqueline, PhD_2; Holmes, Samantha, PhD_3  
82 preznters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined.  
GuidestoKeywordAbbreviationslocatedonpages1-3.  
(Primarykeyword,SecondaryKeywords,Populationtype,PresentationLevel,Region)
Research has consistently found that intimate partner violence (IPV) is associated with alcohol misuse among women. Thus, it is critical to identify modifiable factors associated with IPV that attenuate problem drinking. One relevant factor may be empowerment, encompassing self-esteem, optimism and control over the future, and power/powerlessness. Research suggests that compared to White women, Black women report feeling more empowered, despite tending to experience more frequent and severe IPV. Accordingly, we hypothesized a three-way interaction between IPV severity, empowerment, and race predicting alcohol misuse. In a sample of 235 IPV victims (149 Black, 86 White), Black women reported higher empowerment compared to White women (p < .001) but there were no race differences for alcohol misuse. As expected, the three-way interaction between IPV severity, empowerment, and race on alcohol misuse was significant (p = .041), but only for psychological IPV. The interaction between empowerment and IPV was significant for Black participants only (p = .025), such that at low levels of IPV severity, there were no differences in alcohol misuse regardless of empowerment. However, at high levels of IPV severity, empowerment served as a protective factor for alcohol misuse. Results have implications for developing culturally-specific alcohol use interventions for IPV victims.

Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Berkeley/Clarendon

Facilitating Resilience among Survivors of Intimate Partner Violence

Understanding Differences by Race in IPV-Related PTSD: The Mediating Roles of Social Support, Empowerment, and Posttraumatic Cognitions
(Clin Res, Chronic-Cul Div-DV-Gender, Adult, M, N/A)

Johnson, Dawn, PhD¹; Holmes, Samantha, PhD²; Ceroni, Taylor, MA PhD Student³; Silver, Kristin, MA PhD Student³
¹University of Akron, Akron, Ohio, USA
²Yale School of Medicine, Department of Psychiatry, New Haven, Connecticut, USA
³The University of Akron, University of Akron, Akron, Ohio, USA

PTSD is a frequent outcome of intimate partner violence (IPV). Research suggests that while Black women experience more frequent and severe IPV, they report fewer PTSD symptoms than White women. This may be explained by culturally-specific protective factors: Black women report more empowerment and social support (SS), which are associated with fewer posttraumatic cognitions (PCs), a strong predictor of PTSD. Consequently, we hypothesized that there would be an indirect effect of race on PTSD via SS, empowerment, and PCs, serially. To test this hypothesis, and other potential exploratory indirect effects, we conducted path analysis utilizing a sample of 222 women residing at an IPV shelter. Results supported our hypothesis (b = -.56, 95% CI [-1.19, -.13]). Black women reported higher levels of SS, which was associated with higher levels of empowerment, which in turn was associated with lower levels of PCs. Lower levels of PCs were ultimately associated with less PTSD severity. There were also significant indirect effects of race on PTSD via empowerment and PCs, serially (b = -1.40, 95% CI [-3.05, -.01]) and SS alone (b = 11.57, 95% CI [-3.10, -.31]). Results increase understanding of racial differences in PTSD and highlight the importance of targeting social support and empowerment when addressing PTSD in IPV survivors.
Symposium
Thursday, November 14
3:00 PM to 4:15 PM
Berkeley/Clarendon

Facilitating Resilience among Survivors of Intimate Partner Violence

Financial Empowerment of IPV Survivors
(Prevent, DV-Gender, Adult, M, Global)

Postmus, Judy, PhD1; Johnson, Laura, PhD2
1Rutgers University, School of Social Work, New Brunswick, New Jersey, USA
2Rutgers University, New Brunswick, New Jersey, USA

In recent years, efforts have been underway to develop financial interventions for survivors of intimate partner violence (IPV) to help them gain or regain their financial footing during and after leaving the relationship. This presentation defines financial empowerment and presents findings from a randomized control trial with IPV survivors from around the U.S. and Puerto Rico.

Data were collected over four time periods spanning 14 months; after completing the first interview, 456 female survivors were randomly assigned to receive a financial literacy curriculum or treatment as usual. A total of 195 women completed all four interviews per protocol. Variables included financial knowledge, economic self-sufficiency, economic self-efficacy, financial intentions, financial behaviors, and financial strain.

Repeated measures analysis of variance, confirmatory factor analyses, and a curve-of-factors growth curve model were used to determine whether the intervention improved financial outcomes and promoted financial empowerment among survivors.

Survivors in the treatment group had statistically significant improvements in self-reported financial outcomes over time. Financial empowerment was then conceptualized as being comprised of four components. Results demonstrated that this conceptualization of financial empowerment fit the data well.
Panel Presentation  
Thursday, November 14  
3:00 PM to 4:15 PM  
Salon J/K  

Complex PTSD: Charting a Course Forward  
(Clin Res, Clin Res-Complex-Pub Health-Care, Lifespan, M, Global)

Herman, Judith, MD\(^1\); Carll, Elizabeth, PhD\(^2\); Courtois, Christine, PhD, ABPP\(^3\); Karatzias, Thanos, PhD, CpsyCh\(^4\); LeBoeuf, Denise, JD\(^5\); Yeager, Carolyn, PhD Student\(^6\)

\(^1\)Cambridge Health Alliance | Harvard Medical School, Cambridge Hospital, Boston, Massachusetts, USA  
\(^2\)United Nations NGO Committee on Mental Health, New York, New York, USA  
\(^3\)Courtois & Associates, PC, Washington, District of Columbia, USA  
\(^4\)Edinburgh Napier University & Rivers Centre for Traumatic Stress, Edinburgh, Scotland, United Kingdom  
\(^5\)American Civil Liberties Union, New Orleans, Louisiana, USA  
\(^6\)University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

Complex posttraumatic stress disorder (C-PTSD) generally refers to a constellation of symptoms that could result from prolonged, chronic exposure to interpersonal traumatic experiences, often during childhood, in addition to symptoms of posttraumatic stress disorder (PTSD) which is typically associated with more discrete traumatic events. In this complex trauma SiG-sponsored panel, experts from the field will address several critical issues associated with C-PTSD. Dr. Herman will present a historical perspective on the early development of the complex trauma conceptualization. Dr. Carll will provide a global perspective on complex trauma, highlighting her work with the UN General Assembly and the importance of diagnosis and treatment in primary care. Dr. Courtois will discuss recently published clinical practice guidelines for the treatment of PTSD with recommendations for their application to C-PTSD. Empirical data on the impact of childhood trauma on vulnerable populations will be presented by Dr. Karatzias; and Denny LeBoeuf, J.D., will provide a unique perspective on complex trauma within the legal system. The audience will be invited to join the panel in discussing methods to increase knowledge about this significant population. The session will conclude with a call to action from each of the panelists along with recommendations for future training, research and practice.

Panel Presentation  
Thursday, November 14  
3:00 PM to 4:15 PM  
Suffolk  

Engaging Veterans and Military Families in the 21st Century: Breaking Barriers with Novel Approaches to Treatment through Public-Private Partnerships  
(Practice, Comm/Int-Mil/Vets, Prof, M, Industrialized)

Spray, Amanda, PhD\(^1\); Lowell, Ari, PhD\(^2\); Peskin, Melissa, PhD\(^3\); Price, Laura, PhD\(^4\); Bellehsen, Mayer, PhD\(^5\); Wen, Irina, PhD\(^1\); Greenwald, Blain, MD\(^6\); Stoycheva, Valentina, PhD\(^7\); Ryba, Matthew, BA\(^2\); Simon, Naomi, MD, MsC\(^1\); Neria, Yuval, PhD\(^2\); Difede, JoAnn, PhD\(^3\); Marmar, Charles, MD\(^1\)

\(^1\)New York University School of Medicine, New York, New York, USA  
\(^2\)Columbia University and New York State Psychiatric Institute, New York, New York, USA
Previous research has demonstrated that evidence-based therapies are effective in the treatment of trauma-related disorders. However, access to this care for veterans and their families remains limited. The VA provides excellent treatment to veterans; however, it is challenging for one institution to meet the needs of veterans and their families unilaterally and gaps remain. Barriers to care include: VA benefit ineligibility because of discharge status; distance from a VA medical center; ambivalence toward mental health treatment (DeViva, et al., 2016); and physical/cognitive limitations. Additionally, family members often do not qualify for VA care. Identifying and surmounting these impediments requires a multi-pronged approach within the community and veteran service settings. Private sector centers have emerged to help the VA meet these needs. This panel of experts will discuss a variety of approaches used by diverse private sector programs to serve this population independently and through partnerships with the VA. The panel will highlight novel and unique strategies, including use of virtual reality, family telemedicine, equine therapy, and co-located, collaborative care. Presenters will discuss the models employed, lessons learned, and explain how modern advances in dissemination of care enhance treatment.

Workshop Presentation
Thursday, November 14
3:00 PM to 4:15 PM
Dartmouth/Exeter

Community-Based Person-Centered Trauma-Informed (PCTI) Care Interventions for Holocaust Survivors and Their Caregivers: Building and Maintaining Resilience
(Commun, Surv/Hist-Train/Ed/Dis, Older, I, N/A)

Morgen, Keith, PhD1; Masch, Tina, PhD2; Reiner, Alyssa, MSW, LSW, ACSW3
1 Centenary University, Hackettstown, New Jersey, USA
2 Fordham University, North Brunswick, New Jersey, USA
3 Jewish Family Service of Central New Jersey, Elizabeth, New Jersey, USA

Three presenters (representing counseling/psychology and social work) review the theory, practice, and empirical findings regarding a community-based person-centered trauma-informed (PCTI) care program for Holocaust survivors and their caregivers. Core concepts for Holocaust survivor and caregiver care discussed include (1) a theoretical discussion of delayed-onset vs delayed-recognition PTSD, (2) the theoretical and empirical evidence regarding anxiety and depression in older-adults with a trauma history, (3) the theoretical basics of PCTI care, (4) the application of PCTI care for facilitating emotion regulatory and distress tolerance skills, (5) cultural considerations regarding Holocaust survivors and caregivers from Eastern Europe or the Former Soviet Union, (6) how to work with the challenge of older-adult home-confined trauma care for the Holocaust survivor, and (7) theoretical and empirical evidence regarding the impact of secondary trauma on the Holocaust survivor caregiver and family. A curriculum of PCTI care services for the Holocaust survivor and their caregiver is presented alongside a case study outlining the medical, psychological, familial, and social levels of care. Suggestions for adapting this PCTI care program for other older-adult trauma populations will be discussed.
Addressing Sociocultural Trauma and Increasing Resilience in Public Education: From Understanding Systemic Barriers to Addressing Microaggressions
(Commun, Commun-Complex-Cul Div-Train/Ed/Dis, Lifespan, M, Industrialized)

Merchant, Martha, PsyD; Dorado, Joyce, PhD
UCSF-Zuckerberg San Francisco General Hospital, Division of Infant, Child, and Adolescent Psychiatry, San Francisco, California, USA

Sociocultural trauma (trauma caused by implicit and explicit bias e.g. racism) at institutional and individual interaction levels impacts school communities and educational systems. This harm often goes unnamed and unaddressed. Counteracting sociocultural trauma is central to creating trauma informed schools, yet this topic can be difficult to tackle. A HEARTS psychologist with years of experience providing trauma-specific consultation and training in schools through the Healthy Environments and Response to Trauma in Schools (HEARTS) program and the Director of HEARTS will present their mutual work not only raising awareness around how historical traumas of racism and other oppressions are embedded into institutional policies and procedures and into daily interactions, but also offering skills and strategies to mitigate these traumas and promote resilience and healing. We will describe our work with schools across several districts. Driven by evaluation data and cross-disciplinary collaborations, our focus has been on reducing barriers to education, improving relationships within school communities (on and off campus), and addressing microaggressions. Participants will practice applying the HEARTS principles of Cultural Humility & Equity and Resilience & Social Emotional Learning to improve their practices. Common challenges and learnings from the field will be discussed.
Thursday, November 14, 2019  
Concurrent Session Four

Invited Speaker  
Thursday, November 14  
4:30 PM to 5:45 PM  
Salon G

Is Childhood Trauma Decreasing, and If So, Can We Take any Credit?  
(Pub Health, CPA-CSA-Death-DV, Child/Adol, I, Global)

Finkelhor, David, PhD  
University of New Hampshire, Durham, New Hampshire, USA

I will review and try to make sense of trend data showing declines in various forms of child maltreatment, violence exposure, accidents and serious illnesses over the last generation. I will contrast this with less reassuring data about children’s mental health, and the numerous books and articles warning about the increasing stressors and perils of modern childhood. I will also try to situate and evaluate the efforts on behalf of prevention and mental health promotion in the context of other social forces acting on childhood to see if we can draw any encouragement from our efforts.
Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Salon H/I

Using Research, Practice and Policy to Understand and Promote the Mental Health of Trauma-Exposed Refugees and Migrants
(Social, Cul Div-Global-Pub Health-Refugee, Lifespan, I, Global)

Elmore Borbon, Diane, PhD MPH¹; Ellis, Heidi, PhD²
¹UCLA/Duke University National Center for Child Traumatic Stress, Washington, District of Columbia, USA,
²Children's Hospital Center for Refugee Trauma & Resilience/Children's Hospital Boston, Boston, Massachusetts, USA

Estimates suggest that over 65 million people are forcibly displaced worldwide as a result of conflict and persecution. Further, approximately 232 million people a year become international migrants, seeking safety and security, work and a better life far from home. Traumatic refugee and migration experiences can have a pervasive negative impact on mental health, including posttraumatic stress disorder (PTSD), depression, anxiety, and substance use disorders. There is global recognition of a growing need to understand and meet the mental health needs of refugees and migrants worldwide (ISTSS, 2017). This symposium will share findings from traumatic stress research, practice and policy efforts around the world focused on the mental health needs of refugees and migrants across the lifespan. Examples from diverse studies and initiatives will be presented, including an Australian study of the impact of visa insecurity on refugee mental health, a meta-analysis on the prevalence of serious mental disorders among refugees and migrants worldwide, and a mental health service initiative to assist migrant and refugee children separated from parents and caregivers in the U.S. Recommendations for improving trauma services and policies that promote resilience and recovery among refugees and migrants will also be highlighted.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Salon H/I

Using Research, Practice and Policy to Understand and Promote the Mental Health of Trauma-Exposed Refugees and Migrants

Collaborations Among the NCTSN, Policymakers, and Key Stakeholders to Address the Mental Health Needs of Unaccompanied Children in the U.S.
(Social, Cul Div-Global-Pub Health-Refugee, Child/Adol, I, Industrialized)

Elmore Borbon, Diane, PhD MPH
UCLA/Duke University National Center for Child Traumatic Stress, Washington, District of Columbia, USA

A 2018 U.S. federal policy of “zero tolerance” for immigration offenses resulted in an increased rate of children separated from parents/caregivers and placed in government custody. Such family separations can cause irreparable harm and longstanding and severe effects on children, including posttraumatic stress disorder (PTSD), depression, anxiety, and substance use disorders (ISTSS, 2018). In December 2018, the National Child Traumatic Stress Network (NCTSN), the premier child trauma services initiative in the U.S., received special funding from the U.S.
Congress to provide mental health services for unaccompanied alien children, with a special focus on children who were separated from a parent or family unit and subsequently classified as unaccompanied alien children. This presentation will chronicle the partnership between the NCTSN, federal policymakers, and key stakeholder organizations to understand and address the mental health needs of this highly traumatized population of children. Administrative and clinical challenges in accessing and providing culturally responsive services and supports for unaccompanied immigrant and refugee children will be highlighted. Recommendations will also be offered for next steps in addressing the needs of unaccompanied children in the U.S. and around the globe.

**Symposium**
**Thursday, November 14**
**4:30 PM to 5:45 PM**
**Salon H/I**

**Using Research, Practice and Policy to Understand and Promote the Mental Health of Trauma-Exposed Refugees and Migrants**

**The Impact of Visa Insecurity on Mental Health and Social Engagement in Refugees**
(Global, Refugee, Adult, I, Industrialized)

**Nickerson, Angela, PhD**; Byrow, Yulisha, PhD; O'Donnell, Meaghan, PhD; Mau, Vicki, MA; Bryant, Richard, PhD; Berle, David, PhD; Liddell, Belinda, PhD

1University of New South Wales, School of Psychology, Sydney, NSW, Australia
2University of New South Wales, Sydney, NSW, Australia
3Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Carlton, Melbourne, Victoria, Australia
4Red Cross Australia, Carlton, VIC, Australia
5University of Technology Sydney, Ultimo, NSW, Australia

The majority of the world’s refugees live in a state of sustained displacement. Little is known, however, about the mental health impact of prolonged insecurity. This study aimed to investigate the association between insecure visa status and mental health, suicidality, disability and social engagement in a large sample of refugees living in Australia. Participants were 1,085 refugees with secure and insecure visa status who had arrived in Australia since January 2011, and were from Arabic, Farsi, Tamil or English-speaking backgrounds. Participants completed an online survey assessing pre- and post-migration experiences, mental health, disability and social engagement. Results indicated that refugees with insecure visas had significantly greater PTSD symptoms, depression symptoms, and suicidal ideation compared to those with secure visas. There were no group differences in disability. Further, refugees with insecure visas showed significantly greater social engagement than those with secure visas. Findings highlight the negative mental health consequences of living in a state of protracted uncertainty for refugees and people seeking asylum. Results also underscore the importance of designing and implementing policies and services that facilitate improved mental health for those with visa insecurity.

**Symposium**
**Thursday, November 14**
**4:30 PM to 5:45 PM**
**Salon H/I**

**Using Research, Practice and Policy to Understand and Promote the Mental Health of Trauma-Exposed Refugees and Migrants**

**Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined.**

Guide to Keyword Abbreviations located on pages 1-3.
(Presenters' names are in bold and underlined. Moderators' names are in bold and underlined.)

(Primary keyword, Secondary keywords, Population type, Presentation level, Region)
Prevalence of Serious Mental Disorders in Refugees: A Systematic Review and Meta-Analysis
(Global, Pub Health-Refugee-Civil/War-Epidem, Adult, I, Global)

Patane, Martina, MD; Ghane, Samrad, PhD; Karyotaki, Eirini, PhD; Cuijpers, Pim, PhD; Tarsitani, Lorenzo, MD, PhD; Sijbrandij, Marit, PhD

1Sapienza Università di Roma, Rome, Italy
2Equator Foundation, Amsterdam, Netherlands
3VU University, Amsterdam, Netherlands
4Vrije Universiteit Amsterdam, Amsterdam, Netherlands

Background: In 2017, more than 16 million individuals have been displaced. Refugees and asylum seekers are exposed to a variety of stressors which may lead to an increased prevalence of serious mental disorders. In this meta-analysis, we examined the prevalence of serious mental disorders in adult externally displaced refugees and asylum seekers.

Methods: A systematic search was performed to identify studies examining the prevalence of DSM III/IV/5 or ICD9/10 serious mental disorders (bipolar disorder, major depressive disorder, posttraumatic stress disorder and psychotic disorders). The pooled prevalence rates were estimated for each disorder with the Meta-prop package in Stata.

Results: The literature search resulted in 21 eligible studies with 6,978 participants. Based on preliminary findings, 18 studies reported prevalence of major depression (MD) and posttraumatic stress disorder (PTSD). The pooled prevalence rates were 25% (95% CI 19 – 31%) and 24% (95% CI 17 - 30%) for MD and PTSD respectively. Four studies reported prevalence rates on bipolar and psychotic disorders with a pooled estimate of 9% (95% CI 1 – 18%) and 1% (95% CI 10 – 2%) respectively. Heterogeneity between studies was high.

Conclusions: Sources of heterogeneity between studies will be discussed, as well as the implications for practice and policy to address the mental health needs of refugees and migrants.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Salon A/B

Computational Methods for Traumatic Stress Research: Advancing Prediction, Causal Discovery, and Intervention Target Selection
(Res Meth, Comm/Int-Dev/Int-Bio/Int-Tech, Lifespan, I, N/A)

Saxe, Glenn, MD
New York University Langone Medical Center, New York, New York, USA

Human responses to trauma are complex and are likely under the control of a multitude of risk and protective factors (e.g. neurobiologic, epigenomic, physiological, behavioral, interpersonal, developmental, cultural). A central goal for research on risk/protective factors concerns the use of this information to predict traumatic stress outcomes, and to identify the factors that cause the expression of these outcomes. Knowledge about predictive factors offers the potential to identify individuals at highest risk for traumatic stress outcomes, so that intervention may be offered as early as possible. Knowledge about causal factors offers the potential to identify promising new interventions to...
target those causal factors. Research employing conventional data analytic methods has not yielded models with strong predictive accuracy for traumatic stress, nor are these methods suitable for identifying causal factors controlling the expression of traumatic stress with data from observational research. This symposium features research that applies a range of advanced computational methods designed to build accurate predictive models for outcomes of complex etiology and to identify causal factors controlling such outcomes, using observational data. Presentations will apply a diversity of advanced computational methods to diverse forms of data (brain imaging, voice, facial expression, risk factor data sets) to build predictive models for traumatic stress outcomes and/or determine causal processes for these outcomes. First, Glenn Saxe, the symposium chair, will introduce the aims of the symposium and describe how the methods that will be presented can address central problems in the field related to the translation of research knowledge. Next, Sisi Ma will provide an overview of the methods of Machine Learning (ML) predictive and causal modeling, with examples of application of these methods to data on risk for traumatic stress. Dr. Saxe will then present research applying causal network modeling methods to a large existing longitudinal data set on maltreated children to identify causal factors involved in expression of PTSD, and to use this knowledge to identify promising targets for preventative intervention. Then, Isaac Galatzer-Levy will present research applying ML methods to data on human voice and facial expression collected from subjects following acute trauma, to predict PTSD. Finally, Taylor Keding will present research applying ML methods to brain imaging data collected from traumatized children, to build predictive models of PTSD. Presentations will highlight the practical challenges of applying these methods, and their advantages and disadvantages, compared to more conventional data analytic methods used in the field.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Salon A/B

Computational Methods for Traumatic Stress Research: Advancing Prediction, Causal Discovery, and Intervention Target Selection

The Use of Artificial Intelligence for the Automated Measurement and Prediction of Clinical Risk Following Loss and Trauma
(Tech, Pub Health-Tech, Adult, I, Global)

Galatzer-Levy, Isaac, PhD1; Schultebraucks, Katharina, PhD2; Yadav, Vijay, BA3; Bonanno, George, PhD4
1AiCure, NYU School of Medicine, New York, New York USA
2New York University Langone Medical Center, Department of Psychiatry, New York, New York, USA
3NYU Courant Institute of Mathematics, New York, New York, USA
4Teachers College, Columbia University, New York, New York, USA

Background: Variability in facial landmarks of emotion, vocal & language characteristics have long demonstrated effects in classifying and predicting clinical functioning following loss and trauma. However, these parameters have not been scalable to measure or describe clinical functioning because they require laborious and time-consuming human coding. We present the development and validation of machine learning(ML) methods to measure these parameters, along with evidence of their clinical relevance to classify and predict clinical functioning.

Methods: We apply ML models to extract variables described in clinical literature and compared results to traditional coding schemes and transcription of qualitative interviews. We then tested these parameters as predictors of posttraumatic stress and depression N=90 individuals recruited from the emergency room at Bellevue Hospital following admission for a traumatic event who participated in an unstructured interview 1 month following admission where they described the traumatic event.

Results: Results demonstrate automated coding of facial emotions and speech at AUC >.90. These features, collectively were highly predictive of clinical course following trauma (AUC>.85)
Conclusion: ML measurement of face and voice features can be used to capture clinical functioning based on naturalistic and unstructured clinical interactions.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Salon A/B

Computational Methods for Traumatic Stress Research: Advancing Prediction, Causal Discovery, and Intervention Target Selection

Amygdala Connectivity with the Salience Network and Prefrontal Cortex Uniquely Predict Abuse Experiences and Post-Traumatic Stress Disorder in Youth

Keding, Taylor, BS; Russell, Justin, PhD; Heyn, Sara, MS, JD; Herringa, Ryan, MD PhD
University of Wisconsin-Madison, Madison, Wisconsin, USA

Late childhood/adolescence is a period of extensive reorganization in the brain, making it vulnerable to early-life stress. This is especially true of amygdala circuitry, where dysfunction has been linked to post-traumatic stress disorder (PTSD). Unfortunately, little is known about which amygdala biomarkers predict stress exposure versus the subsequent expression of mental illness. Here, we implement a feature learning approach to biomarker discovery with 40 youth with PTSD and 41 typically-developing youth (ages 8-18 years). All youth underwent a trauma/psychiatric screen and fMRI at rest and diffusion tensor imaging. The amygdala connectome (resting-state functional connectivity, fractional anisotropy) was used to predict the Childhood Trauma Questionnaire’s abuse sub score and PTSD diagnosis. In predicting abuse, amygdala connectivity with the salience (cingulo-opercular) network (anterior cingulate cortex, insula) was most informative. In predicting PTSD, amygdala connectivity with the prefrontal cortex (ventromedial, dorsolateral) was most informative. This study highlights the utility of individual-level predictions in traumatic stress research. Moreover, multimodal neuroimaging with machine learning uncovered unique predictors of abuse and PTSD, indicating that the amygdala connectome may be an efficient probe for making differential predictions in developing youth.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Salon A/B

Computational Methods for Traumatic Stress Research: Advancing Prediction, Causal Discovery, and Intervention Target Selection

Causal Modeling Methods to Determine Etiological Factors for Post-traumatic Stress in Young Maltreated Children
(Res Meth, CPA-Neglect-Prevent, Child/Adol, I, N/A)

Saxe, Glenn, MD
New York University Langone Medical Center, New York, New York, USA
Traditionally, psychiatric research methods have relied on experimentation to infer causation. However, experimental research can rarely be conducted with humans to infer causal factors for post-traumatic stress (PTS). This study applies well validated causal discovery methods to identify causal factors for PTS in young maltreated children, from longitudinal observational data. An existing data set collected by the Consortium for Longitudinal Studies in Child Abuse and Neglect (LONSCAN) was used, which comprised a sample of 1,354 children identified in infancy to early childhood as being maltreated or at risk. The children and their families underwent comprehensive assessments annually from age 4. A data processing pipeline was used that integrates state-of-the-art structural causal modeling methods with causal effect estimation methods to derive a causal network model of PTS at age 8, and to estimate the causal effect of specific risk variables on PTS. A causal network model of 251 nodes and 818 bivariate relations (edges) was discovered. The causal network model revealed four direct causes and two direct effects for PTS within a network containing a broad diversity of causal pathways, including developmental, social, behavioral, emotional, and trauma exposure variables. These results reveal novel targets for preventative intervention.

Symposium  
Thursday, November 14  
4:30 PM to 5:45 PM  
Salon A/B

Computational Methods for Traumatic Stress Research: Advancing Prediction, Causal Discovery, and Intervention Target Selection

Overview of Machine Learning Methods with Applications to Traumatic Stress Research
(Res Meth, Assess Dx-Bio Med-Res Meth, N/A, I, Global)

Ma, Sisi, PhD  
University of Minnesota, Minneapolis, Minnesota, USA

There is an increased interest in applying machine learning techniques for knowledge discovery in psychiatry. Multiple successful applications of various types of machine learning methods were developed for trauma related outcomes (Saxe, 2017; Galatzer-Levy, 2017). Highly accurate predictive models has been built for early detection and disease forecast for post-trauma responses. Computational causal modeling methods applied to observational data revealed important disease mechanisms that could lead to novel interventions for PTSD. In this presentation, I will discuss a few key considerations of applying machine learning techniques to data collected for studies in the mental health domain, highlighting case studies in PTSD. For predictive models, I will review the design of analytical experiments, model construction, model and feature selection, performance estimation, and model interpretation. For causal models, I will introduce techniques for causal structure learning from observational data. The ability to identify causal structure is critical for obtaining the correct estimates for causal effects. We will compare these techniques with traditional methods such as the SEM. Applications of both sets of techniques will be illustrated with datasets collected for studying PTSD.
Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Arlington

Examining the Role of Cognitions in Symptomatology, Functioning, and Treatment Outcomes for Military Sexual Trauma Survivors
(Clin Res, Rape, Adult, M, Industrialized)

Blais, Rebecca, PhD
Utah State University, Logan, Utah, USA

Better understanding the sequelae of military sexual trauma (MST) is a high priority initiative at the Department of Veterans Affairs (VA). Risk for PTSD and depression in this population are well established, but far less is known about how MST relates to posttraumatic cognitions, posttraumatic growth, interpersonal functioning, and treatment outcomes among the minority that seek care. The current symposium is a collection of novel quantitative and qualitative research that integrates knowledge from various times in the posttraumatic period, including proximal functioning to treatment receipt. Dr. Rebecca Blais will present data on how negative sexual schemata mediates the association of MST severity and sexual function in female survivors of MST. Dr. Lindsey Monteith will present data exploring the association of suicidal ideation and suicide attempt with posttraumatic cognitions among MST survivors. Dr. Kristin Reinhardt will present data exploring posttraumatic growth, perceived negative career consequences, and relationship disruptions among MST survivors. Dr. Alyson Zalta will present data on the association of posttraumatic cognitions with treatment outcomes and whether this relationship is moderated by MST exposure. Collectively, our work highlights aspects of resilience among MST survivors, avenues for future research, and recommendations for treatment intervention points for those that seek care.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Arlington

Examining the Role of Cognitions in Symptomatology, Functioning, and Treatment Outcomes for Military Sexual Trauma Survivors

Self-Defeating Cognitions about Sexual Performance Mediate the Association of Assault Military Sexual Trauma and Sexual Function in Female Service Members/Veterans
(Clin Res, Rape, Adult, M, Industrialized)

Blais, Rebecca, PhD; Livingston, Whitney, BA/BS
Utah State University, Logan, Utah, USA

Military sexual trauma (MST) that involves sexual assault is associated with poorer sexual function in female service members/veterans (SM/Vs). Barlow’s (1986) theory of sexual function suggests that self-defeating cognitions related to sexual performance may account for the challenges reported by those experiencing sexual dysfunction. This has yet to be examined in female SM/Vs who are survivors of MST. Using path analysis in a
sample of 818 partnered females SM/Vs, the current study examined whether the association of MST severity (i.e., harassment-only, assault) with sexual dysfunction was accounted for by self-defeating cognitions. The model had an adequate fit to the data: \( \chi^2(6, N=783)=19.57, p<.01, \) CFI=.98, TLI=.96, SRMR=.03, and RMSEA=.05. Assault MST was associated with higher self-defeating cognitions \((b=-3.78, p<.01)\) but harassment-only MST was not \((b=-0.42, p=.58)\), and higher self-defeating cognitions were associated with poorer sexual function \((b=-0.63, p<.01)\). The indirect effect of self-defeating cognitions on assault MST and sexual function was significant \((b=-2.32, p<.01)\). Interventions delivered to improve sexual function among MST survivors may need to first address self-defeating beliefs related to performance. Cognitive behavioral interventions that include challenging maladaptive cognitions may be best suited to address this clinical need.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Arlington

Examining the Role of Cognitions in Symptomatology, Functioning, and Treatment Outcomes for Military Sexual Trauma Survivors

Factors Associated with Suicidal Ideation and Suicide Attempts in Survivors of Military Sexual Trauma
(Clin Res, Rape-Mil/Vets, Adult, M, Industrialized)

Monteith, Lindsey, PhD\(^1\); Holliday, Ryan, PhD\(^2\); Schneider, Alexandra, BA\(^2\); Miller, Christin, MPH\(^2\); Forster, Jeri, PhD\(^2\); Bahraini, Nazanin, PhD\(^2\)

\(^1\)Rocky Mountain MIRECC, Aurora, Colorado, USA
\(^2\)Rocky Mountain MIRECC, Denver, Colorado, USA

Veterans who experience military sexual trauma (MST) are at increased risk for suicidal ideation, suicide attempts, and suicide. Explanations for this have been limited. To understand factors associated with suicidal ideation and attempts following MST, this presentation synthesizes findings from two studies. In Study 1, 108 participants (66 women) completed measures of pre- and post-MST suicidal ideation and attempt, posttraumatic beliefs, institutional betrayal, childhood abuse, and military sexual assault. Posttraumatic cognitions about self, pre-MST suicidal ideation, military sexual assault, and childhood physical abuse were associated with post-MST suicidal ideation. Posttraumatic cognitions about self and pre-MST suicide attempt were associated with post-MST suicide attempts. In Study 2, approximately 150 female MST survivors completed similar measures during an anonymous survey, with the additional of suicide-related cognitions. Logistic regression models will be used to examine if MST type, institutional betrayal, suicide-related cognitions, and pre-military service suicidal ideation and attempt are associated with post-military suicidal ideation and attempts. Results can be used to enhance understanding of correlates of suicidal self-directed violence among MST survivors and to inform suicide risk assessment and management in this population.
Examining the Role of Cognitions in Symptomatology, Functioning, and Treatment Outcomes for Military Sexual Trauma Survivors

Examining Military Sexual Trauma as a Moderator of the Relationship between Changes in Negative Cognitions and Treatment Outcome for Veterans with PTSD
(Clin Res, Clin Res-Rape-Mil/Vets-Gender, Adult, M, Industrialized)

Zalta, Alyson, PhD\textsuperscript{1}; Smith, Dale, PhD\textsuperscript{2}; Held, Philip, PhD\textsuperscript{3}
\textsuperscript{1}University of California, Irvine, Irvine, California, USA
\textsuperscript{2}Olivet Nazarene University, Bourbonnais, Illinois, USA
\textsuperscript{3}Rush University Medical Center, Chicago, Illinois, USA

Negative posttraumatic cognitions (NPCs) play an important role in the onset, maintenance, and recovery from PTSD. A recent study showed that veterans with military sexual trauma (MST) report higher self-blame NPCs than veterans without MST. However, no studies have examined whether changes in certain NPCs during treatment lead to greater improvements in PTSD symptoms for veterans with MST versus those without. We examined this question in a sample of 325 veterans who enrolled in a 3-week intensive treatment program (ITP) for PTSD consisting of daily Cognitive Processing Therapy, mindfulness, yoga, and other ancillary interventions. NPCs (Posttraumatic Cognitions Inventory [PTCI]) and PTSD symptoms (PTSD Checklist for DSM-5 [PCL-5]) were measured approximately every other day during treatment. We tested whether MST status moderated the relationship between PTCI subscales (self-blame, negative cognitions about self, negative cognitions about world/others) and PCL-5 change over time using a random effects model with 2-way (MST*PTCI subscale) and 3-way (MST*PTCI subscale *time) interactions. All interactions were nonsignificant (ps> .257). Our findings suggest that changes in the PTCI subscales were similarly predictive of treatment outcome for veterans with and without MST. Implications for the treatment of MST-based PTSD will be discussed.

IMPACT OF MILITARY SEXUAL TRAUMA: A QUALITATIVE EXAMINATION OF NEGATIVE OUTCOMES AND POSTTRAUMATIC GROWTH AMONG WOMEN VETERANS

Reinhardt, Kristen, PhD\textsuperscript{1}; McCaughey, Virginia, BA\textsuperscript{2}; Vento, Stephanie, BS\textsuperscript{2}; Ming Foynes, Melissa, PhD\textsuperscript{3}; Freyd, Jennifer, PhD\textsuperscript{4}; Street, Amy, PhD\textsuperscript{3}
\textsuperscript{1}Western Carolina University, Cullowhee, North Carolina, USA
\textsuperscript{2}National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University,
Research has shown the detrimental psychological effects associated with military sexual trauma (MST), although fewer studies have examined negative outcomes beyond mental health symptoms. Fewer studies have examined the potential for long-term posttraumatic growth. Since promoting health and wellbeing among women Veterans is a broader task than mitigating negative mental health outcomes, we intended to assess the multidimensional domains across which MST affects women veterans. We used qualitative methodology to capture survivors’ unique perspectives on how MST experiences had impacted them. We conducted qualitative interviews with 23 women Veterans who experienced MST, recruited from VA Boston Healthcare System. Participants shared rich and detailed narratives about the impact of MST. We analyzed interview data with Grounded Theory-informed methods. Participants most frequently voiced negative mental health outcomes, but also highlighted other impactful negative outcomes including negative military career outcomes and relationship disruptions. Few participants raised experiences of posttraumatic growth (e.g., appreciation of life and personal strength), however, participants who did experience posttraumatic growth identified it as particularly meaningful. These results, based on women veterans’ own words, demonstrate in a compelling way the potential broad impact of MST.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Berkeley/Clarendon

Risk and Protective Factors affecting Adjustment following Episodes of Mass Violence
(Pub Health, Acute-Comm/Vio-Pub Health-Terror, Lifespan, I, Global)

Felix, Erika, PhD
University of California, Santa Barbara, Gevirtz Graduate School of Education, Santa Barbara, California, USA

Episodes of acute mass violence, such as terrorism or mass shootings, have increased in frequency (Lowe & Galea, 2015), affecting communities around the globe. Beyond the impacts on those directly experiencing the attacks, media coverage means the grief and horror of these events are transmitted widely (Goodwin et al., 2018). This symposium presents research on both of these areas. Among university students, using prospective, longitudinal data, we explore changes in substance use following a mass murder, and the potential protective role of spirituality. Following the Virginia Tech tragedy, we examine correlates of mental health service use among university students, including disruption of services, failure to initiate services, and type and duration of treatment. In a three-year longitudinal study following the Utøya, Norway terror attack, we present results from cross-lagged panel analysis of the relations among mental health and social support, as a stringent test of the varying roles social support can play in the long term aftermath. Finally, we examined factors affecting adjustment in school professionals exposed through the media to the Paris terror attacks, which addresses the far-reaching consequences of mass violence. Across all presentations, implications for advancing research on evidence-informed supports for survivors is discussed.
Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Berkeley/Clarendon

Risk and Protective Factors affecting Adjustment following Episodes of Mass Violence

Alcohol Use and Binge Drinking among University Students Following an Episode of Mass Violence
(Pub Health, Acute-Comm/Vio-Terror, Adult, I, Industrialized)

Felix, Erika, PhD
University of California, Santa Barbara, Gevirtz Graduate School of Education, Santa Barbara, California, USA

Exposure to episodes of mass violence can increase posttraumatic stress symptoms (PTSS) among survivors; however, few studies explore the impact on alcohol use. Research following the September 11, 2001 terror attacks revealed little change in participants’ alcohol use or risk for an alcohol use disorder (North et al. 2013), although other research suggests PTSS may be a mediator (Simons et al. 2005). In a prospective, longitudinal study of how a mass murder affected university students (N=140), we examined changes in alcohol use and binge-drinking from pre-tragedy levels; whether PTSS mediates the relationship of exposure to alcohol use and binge-drinking; and the potential protective influence of spirituality. Repeated measures ANOVAs revealed a change from pre- to post-tragedy in alcohol use (F (1,127)=13.01, p=.000) and binge-drinking (F (1,127)=5.15, p=.025); however, the time x exposure interaction was non-significant. The SPSS PROCESS Macro (Hayes, 2018) was used to separately test the mediating role of PTSS and the moderating role of spirituality. When not accounting for pre-tragedy alcohol use, exposure was significantly related to alcohol use (p=.000). Results did not support mediation for either alcohol use or binge-drinking. More frequent attendance at religious protected against increases in alcohol use or binge-drinking as exposure increased.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Berkeley/Clarendon

Risk and Protective Factors affecting Adjustment following Episodes of Mass Violence

Mental Health Utilization among Student Survivors of the Virginia Tech Shootings

Jones, Russell, PhD1; Smith, Andrew, PhD2; Hughes, Michael, PhD3; Sullivan, Connor, MS1; Tickle, Brady, Undergraduate1
1Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA
2University of Utah/VA Salt Lake City Healthcare System, Salt Lake City, Utah, USA
3Virginia Polytechnic Institute and State University, Department of Sociology, Blacksburg, Virginia, USA
This is the first comprehensive study to assess mental health service use, barriers to using services, and efficacy of service use after a mass campus shooting event. Our sample included 4,627 students exposed to the Virginia Tech shootings. Rates of medical/mental health service use between three groups differentiated by posttraumatic mental health distress (measured via the K6): serious (SMI) (n = 242), mild-moderate (MMI) (n = 671), and no distress (n = 3,714) were examined. Results showed that less than one fifth of students obtained any treatment. The most often used service was ‘mental health services’. Second, we examined reasons for not seeking treatment despite a perceived need for treatment across level of mental health distress severity. Regarding treatment utilization, approximately 23% (n = 1,118) perceived a need for treatment but did not actually do so. Reasons included 81% ‘need’ factors, 45% endorsed ‘enabling’ factors, and 75% endorsed a predisposing’ factor. With reference to therapy usage, 66.1% dropped out prior to receiving an ‘adequate dose.’ Those with no mental illness (60.9%) dropped out most, while those with MMI (40.9%) and SMI (16.7 %) dropped out less or remained in treatment. Implications for environmental, public health, and educational barriers are discussed.

**Symposium**

**Thursday, November 14**

**4:30 PM to 5:45 PM**

**Berkeley/ Clarendon**

**Risk and Protective Factors affecting Adjustment following Episodes of Mass Violence**

**Trauma and Social Relationships. Longitudinal Associations between Social Support and Posttraumatic Stress in young Survivors of a Terrorist Attack: The Utøya Study**

(Assess Dx, Comm/Int-Health-Terror, Adult, I, Industrialized)

**Thoresen, Siri, PhD; Stensland, Synne, MD PhD; Birkeland, Marianne, PhD; Wentzel-Larsen, ToRe, MSc; Dyb, Grete, MD PhD**

*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

Research has repeatedly demonstrated associations between social support and psychological distress, interpreted as a buffering effect of social support. Alternatively, the social selection hypothesis proposes that continued mental health problems may erode social relationships. This study investigates the temporal relationships between social support and posttraumatic stress in young victims of a terrorist attack.

Survivors from the shooting at Utøya Island in Norway 22. July 2011 participated in face-to-face interviews 4-5 months, 14-15 months, and 32-33 months after the shooting. Altogether, 355 (72%) survivors participated in at least one study wave, of whom 206 (42%) participated at all three timepoints. At all waves, participants completed the Duke-UNC Functional Social Support Questionnaire, the UCLA Posttraumatic Stress Disorder Reaction Index. We used a random intercept cross-lagged panel model (RI-CLPM) to test the potential directional effects between social support and posttraumatic stress within persons when variance between persons was taken into account.

A better understanding of the potential burden of trauma and mental health problems on social relationships may carry an unused potential to reduce suffering. If posttraumatic stress over time overstretches social relationships, this should be taken into account in preventive and therapeutic interventions.
Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Berkeley/Clarendon

Risk and Protective Factors affecting Adjustment following Episodes of Mass Violence

U.S.-Based French Language Teacher Responses to the 2015 Paris Terrorist Attack
(Commun, Terror, Adult, I, Industrialized)

Green, Jennifer, PhD1; Oblath, Rachel, Med1; Holt, Melissa, PhD1; Guzman, Javier, MA1; Comer, Jonathan, PhD2
1Boston University, Boston, Massachusetts, USA
2Florida International University, Miami, Florida, USA

Following large-scale disasters, schools are well-positioned to support students. Yet, teachers often feel ill-equipped to address such events (Alisic, 2012; Felix et al., 2010; Green et al., 2015). This study examines resources that teachers access post-disaster and their confidence in addressing events with students.

On November 13th 2015, terrorist attacks in Paris left 130 people dead and hundreds wounded. In the two months post-attack, we recruited US-based French language teachers from online professional communities to participate in a survey asking whether and how they addressed the attacks with students. Eighty-six teachers participated (95.2% female).

Discussions about the attacks were common with middle (29%) and high school students (72%). Teachers mainly sought support from existing professional communities (other French teachers, French teacher list-serves) rather than from school mental health staff. Despite being US-based, many teachers were in touch with family (25%) and friends (70%) to confirm their safety. In adjusted regression models, teachers fearing loved ones were hurt or killed reported feeling significantly less prepared to address events with students (B=-.086, SE=.037, p=.023).

Further analyses will explore approaches to addressing events and teacher perceptions of how schools can better prepare them to support students following disasters.
Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Dartmouth/Exeter

Modifying Trauma-Focused Evidence-Based Psychotherapies: What? Why? And How?
(Clin Res, Clin Res-Clinical Practice, Adult, M, Industrialized)

Krill Williston, Sarah, PhD1; Niles, Barbara, PhD2; Resick, Patricia, PhD, ABPP3
1VA Boston Healthcare System, Boston, Massachusetts, USA
2VA Boston Healthcare System, National Center for PTSD, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA
3Duke University Medical Center, Durham, North Carolina, USA

The Veterans Health Administration (VHA) endorses trauma-focused evidence-based psychotherapies (TF-EBPs) for Posttraumatic Stress Disorder (PTSD) as first-line treatments for PTSD. Manuals, training, and ongoing consultation are provided for VHA therapists to assure that TF-EBPs such as CPT and PE are delivered as intended. Nonetheless, these treatments are often modified by therapists for a variety of reasons, such as to minimize dropout. It is essential to understand how TF-EBPs can be modified while still adhering to the therapy protocols, and to examine modifications in a variety of clinical contexts that best promote continued engagement in TF-EBPs to support recovery from trauma. The presentations in this symposium examine different ways that TF-EBPs are modified, such as varying treatment length, slowing treatment pace, and including foundational sessions to acquire skills necessary to effectively engage in TF-EBPs. In addition, clinician rationales for modifying treatments and client outcomes related to modifications will be examined in veteran and civilian populations using both quantitative and qualitative methodology. Implications for future research and clinical practice will be discussed.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Dartmouth/Exeter

Modifying Trauma-Focused Evidence-Based Psychotherapies: What? Why? And How?

Provider Response to Ambivalence Does Not Have to be “Textbook” in Manualized Treatments for PTSD
(Practice, Clinical Practice-Mil/Vets, Adult, M, Industrialized)

Ackland, Princess, PhD, MPH1; Lyon, Alexandra, BS2; Meis, Laura, PhD LP3; Spoont, Michele, PhD4; Valenstein-Mah, Helen, PhD5; Orazem, Robert, PhD2; Gerould, Heather, MS2; Kehle-Forbes, Shannon, PhD6
1Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota, USA
2Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota, USA
3Minneapolis VA Health Care System and University of Minnesota, Minneapolis, Minnesota, USA
4National Center for PTSD, U.S. Department/Veterans Affairs, Minneapolis VA Healthcare System, Minneapolis, Minnesota, USA
5VA Ann Arbor Health Care System, Ann Arbor, Michigan, USA
6National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

102 Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined. Guides to Keyword Abbreviations located on pages 1-3. (Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
About 1/3 of patients who initiate Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) do not complete treatment. In practice, therapists modify PE/CPT to boost engagement and meet patient needs. This study examined whether PE and CPT were modified when Veterans experienced ambivalence or difficulty. A national sample of 128 Veterans (60 completers and 68 non-completers) were interviewed about their PE/CPT experience and their therapists’ responses to ambivalence. Interviews were audio-recorded, professionally transcribed and analyzed using mixed inductive and deductive thematic analysis. Constant comparison method was used to extrapolate common and unique themes between the completers and non-completers. Three themes emerged. Fidelity-inconsistent modifications (e.g., skipping components, Stirman et al., 2015) were infrequent. Fidelity-consistent messaging about PE/CPT rationale and benefits was tailored more for completers than non-completers (e.g., reminders of personal goals vs repeating effectiveness research). Providers incorporated fidelity-consistent practices to support PE/CPT engagement in both groups (e.g., involve family member), but their acceptance of patient-initiated modifications was mixed. Implications for PE/CPT retention and clinical training and practice will be discussed.

Symposium
Thursday, November 14
4:30 PM to 5:45 PM
Dartmouth/Exeter

Modifying Trauma-Focused Evidence-Based Psychotherapies: What? Why? And How?

Flexing According to the Manual: How Effective is CPT in Clinical Settings?
(Clin Res, Cog/Int-Train/Ed/Dis, Adult, M, Industrialized)

Chard, Kathleen, PhD1; Renno, Stephanie, LCSW2
1Cincinnati VA Medical Center, Cincinnati, Ohio, USA
2Cohen Veterans Network, Stamford, Connecticut, USA

Cognitive Processing Therapy (CPT) is consistently listed as one of the front-line recommended treatments for PTSD in clinical practice guidelines, e.g., VA/DoD Guidelines (VA/DoD 2017) and NICE (2017). Unfortunately, the guidelines have not included recommendations on approved modifications to the protocols, leaving clinicians to either follow the manual or make intuitive judgements regarding how and when to flex the protocol. This presentation will provide data on clinical cases from the Cohen Veteran Network, an Upper Midwest College Counseling Center and a rural mental health agency in Northern California servicing the local jail. Data will be compared and contrasted demonstrating the need to be able to flex the CPT protocol regardless of clinical setting. In addition, an overview of approved flexing strategies from the CPT manual will be provided. Data from this presentation will demonstrate the frequency of modifications; shortening the protocol occurred most frequently by college counseling center clinicians and modifications to lengthen the protocol were most commonly seen by clinicians working within the justice system. Data on dropouts and overall treatment success will be included as well as recommendations for clinicians working in various clinical settings.
Exposure to violence has a significant impact on survivors’ interpersonal functioning in sexual, social/leisure, and relational domains. Galovski et al. (2012) demonstrated the effectiveness of modifying Cognitive Processing Therapy (CPT) to customize treatment to better meet patient needs by varying the length of therapy based on patient progress. This modification resulted in unheralded treatment response; 92% of participants were PTSD negative by treatment end. This study seeks to assess effectiveness of varying lengths of CPT on social/leisure, relational, and sexual functioning – presumably outcomes which may require lengthier course of therapy. Preliminary analyses of standardized measures on 69 survivors of interpersonal violence treated for PTSD with a variable course of CPT show that early completers (<12 sessions) improved significantly more than longer responders (12+ sessions), suggesting that early response in PTSD and depression extended to sexual functioning (Traumatic Stress Inventory, Sexual Distress Scale, p=.007), social/leisure functioning (Social Adjustment Scale, p=.01), and extended (SAS; p<.000), and immediate family (SAS; p=.008) functioning. Differential effects were maintained at 3-month follow-up. The relationship between dose and improvement in functioning suggest that shorter courses of CPT are sufficient for gains in important life domains.
Trauma-Focused Evidenced-Based Psychotherapies (TF-EBPs) for PTSD are recommended as the first-line treatments by VHA clinical practice guidelines (Department of Veterans Affairs, 2017). However, there are significant barriers to both initiating and completing TF-EBPs, and little is known about reasons that clinicians may discontinue or modify them. This program evaluation study examined clinicians’ reports on the frequency, rationale, strategies, and outcomes related to modifying individual trauma-focused treatments in an urban VHA PTSD clinic. Twenty clinicians were surveyed related to the care of 65 veterans who were referred for and initiated individual trauma-focused treatment. Using content analysis of open ended questions for a subsample of veterans who received modified TF-EBPs (n=13), themes were coded regarding clinicians’ perspectives on the rationale and strategies for modifications, as well as clinician reported patient outcomes at the conclusion of treatment. Initial emergent themes will be discussed, including the strategies of modification and clinician rationale for modifications. We will conclude with a discussion of how and if these modifications fit within the bounds of TF-EBP protocols, and how understanding clinician rationale for modifications may impact implementation and clinician training in TF-EBTs in clinical settings.

Panel Presentation
Thursday, November 14
4:30 PM to 5:45 PM
Salon J/K

Making Trauma Research Public: Moving Beyond Traditional Dissemination to Share Research with Diverse Audiences
(Train/Ed/Dis, Dev/Int-Health-Journalism-Media, N/A, M, Industrialized)

DePrince, Anne, PhD; Cook, Joan, PhD; Gomez, Jennifer, PhD; Smidt, Alec, MS; Shapiro, Bruce, Other

Building on decades of trauma research, emerging discoveries in the field can profoundly affect policy, practice, and public understanding of trauma, recovery, and resilience – if scholars are able to get reach diverse audiences. Maximizing the impact of trauma research and supporting the next generation of trauma scholars will require developing and sharing new approaches to making trauma research public. This panel brings together trauma researchers at different career stages to discuss strategies for and innovations in sharing trauma research findings with different public audiences. The panelists bring experience in using a wide range of tools to share research findings with public, practitioner, and policy maker audiences, including social media, blogs, and op-eds as well as traditional media. The Panelists and Discussant will reflect on several key questions. What strategies have they tried and tools have they used given the specific public audiences targeted? What successes and surprises have guided their efforts? How do they assess and describe the impact of public dissemination efforts in terms of both reaching the target audience as well as during traditional professional review processes (e.g., tenure and promotion)? Finally, the panelists and Discussant will share resources for developing skills in making trauma research public.
Panel Presentation  
Thursday, November 14  
4:30 PM to 5:45 PM  
Provincetown  

Strengthening Resilience of Caregivers on Behalf of Youth with Intellectual and Developmental Disabilities who have Experienced Trauma  
(Practice, Clin Res-Dev/Int-Fam/Int-Train/Ed/Dis, Child/Adol, M, Industrialized)  

Vogel, Juliet, PhD\(^1\); D'Amico, Peter, PhD, ABPP\(^2\); Hoover, Daniel, PhD, ABPP\(^3\); Gomez, Michael, PhD\(^4\); Kraps, Jacquelyn, PhD\(^5\)  

\(^1\)Private Practice and Zucker School of Medicine at Hofstra/Northwell, New York, New York, USA  
\(^2\)LIJ Medical Center, Northwell Health System, Glen Oaks, New York, USA  
\(^3\)Kennedy Krieger Institute Family Center, Baltimore, Maryland, USA  
\(^4\)TTUHSC, Lubbock, Texas, USA  
\(^5\)The Counseling Center of Wayne and Holmes Counties, Wooster, Ohio, USA  

Families of children with intellectual and developmental disabilities (IDD) face multiple, shifting challenges, exacerbated when traumatic events also affect child and/or family. This panel will focus on ways to enhance resilience of children with IDD by strengthening resilience of families and caregivers. Dr. Vogel will discuss relevant family resilience theory (Vogel & Pfefferbaum, 2015), particularly Patterson's model and applications to families coping with a child disability (Patterson, 1991, 2002). Drs. D'Amico and Hoover will address building resilience by increasing trauma treatment resources. Dr. D'Amico will discuss importance of therapist flexibility/sensitivity shown in adjustments by those treating this population in a survey of certified TF-CBT providers. Dr. Hoover will discuss his matrix for guiding individualizing of TF-CBT for these youth and their families as well as adjusting pathways into treatment when stabilization is needed. Drs. Gomez and Kraps will discuss intervening to support caregivers. Dr. Gomez will discuss work addressing secondary traumatic stress/vicarious traumatization by adapting the CE-CERT Model (Miller & Sprang, 2017). Dr. Kraps will provide examples of ways to help families respond differentially in moments when behavioral approaches are warranted, when trauma informed responses are needed, when to interweave the two—and how to do so.

Workshop Presentation  
Thursday, November 14  
4:30 PM to 5:45 PM  
Salon C/D  

Learning how to Listen to Trauma as a Methodological Imperative with Societal Implications: Lessons Learned from Qualitative Research Methodologies  
(Res Meth, Clinical Practice-Res Meth-Social, Other, M, N/A)  

Stein, Jacob, PhD\(^1\); Tuval-Mashiach, Rivka, PhD\(^2\)  

\(^1\)Tel Aviv University, Ramat Aviv, Tel Aviv, Israel  
\(^2\)Bar-Ilan University, Ramat Gan, Israel
As the culmination of a qualitative Ph.D. research devoted to the features of veterans' post-war loneliness, student and supervisor team up to share lessons learned from the research process and the findings, hoping to promote societal change. We introduce narrative evidence from various studies, demonstrating that the aftermath of several types of trauma is often accompanied by the conviction that no one can or really wants to listen and truly understand the victims' traumatic and posttraumatic experiences. The workshop a) provides participants with an opportunity to practice understanding by applying qualitative research methods to identify the qualitative nuances of these lonely experiences; and b) demonstrates how the philosophical underpinnings (i.e., phenomenology, hermeneutics, and constructivism) and practices (i.e., constant comparative method, analytic induction, and iterative interpretations) that constitute the foundations of numerous qualitative research methodologies (e.g., grounded theory, narrative research, and interpretative phenomenology) may offer a resolution for this posttraumatic lonely predicament. The workshop provides clinicians and researchers with tools and principles that may increase their capacity to listen and interpret personal experiences. Translated into research and societal imperatives these tools may promote well-being among trauma victims.

Workshop Presentation  
Thursday, November 14  
4:30 PM to 5:45 PM  
Fairfield

Confronting the Trauma of “Jane Crow”: Providing Trauma-Informed Care to Parents involved in the Child Protection System  
(Commun, CPA-Fam/Int-Intergen, Lifespan, I, Industrialized)

Itzkowitz, Miriam, LICSW¹; Sugrue, Erin, PhD, LCSW²; Woolman, Joanna, JD¹

¹Mitchell Hamline School of Law, Minneapolis, Minnesota, USA  
²Augsburg University, St. Paul, Minnesota, USA

This workshop presents an innovative model of trauma-informed care for child protection system (CPS)-involved parents, developed at the Mitchell Hamline School of Law’s Institute to Transform Child Protection (ITCP), that combines legal representation, parent mentoring, and therapeutic social work case management and advocacy. Although the traumatic effects of involvement in CPS on children are well known, less attention has been given to the traumatic impacts of CPS involvement on parents. Being accused of child endangerment and the physical separation from one’s children are highly traumatizing experiences for parents, often resulting in lasting feelings of shame, fear, and grief (Ainsworth &amp; Hansen, 2011; 2012). Unfortunately, many of the services that parents receive through CPS do not address parental trauma and instead focus on measuring parental compliance and worthiness for family reunification (Dale, 2004). Participants will learn about CPS-related parental trauma and then be presented with an overview of the conceptual and practical elements of the ITCP model. The workshop will also involve an interactive discussion of the strengths and challenges of the presented model, the feasibility of its application across geographically and culturally diverse settings, and the potential for authentic trauma-informed care for parents within state-run CPS.
Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined. Guides to Keyword Abbreviations located on pages 1-3. (Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Studies have examined event centrality, defined as the extent to which a traumatic event becomes a core component of a person’s identity (Bernsen & Rubin, 2006), as a correlate and predictor of PTSD symptoms, over and above event severity. These findings suggest that decreasing the perceived centrality of a traumatic event to one’s identity may lead to decreases in PTSD symptom severity. However, little research has examined how centrality is affected by treatments for PTSD.

This study tested the hypothesis that change in centrality (as measured by the CES) would predict change in PTSD symptom severity (as measured by the PCL-5) and PTSD symptom severity at discharge in an exposure-based PTSD partial hospitalization program (n = 132; 86% White; 85% female; mean age = 36). Large effect size decreases were found for both centrality (Cohen’s d = .7) and PTSD symptom severity (Cohen’s d = .98). Initial PCL-5 scores and CES scores, as well as change in the CES, were predictors of both change in the PCL-5 (p < .001) and of posttreatment PCL-5 scores (p < .001). These variables explained 31% of the variance in PCL-5 change and 34% of the variance in posttreatment PCL-5 scores. Results indicate the importance of decreasing the centrality of a traumatic event in PTSD treatment and recovery and suggest that exposure-based therapy may be an effective method for doing so.

Flash Talks Session Two

Suicidal Ideation, Internalized Stigma, and Social Support Among Safety Net Primary Care Patients with PTSD and Bipolar Disorder
(Commun, Cog/Int-Comm/Int-Care, Adult, M, Industrialized)

Campbell, Sarah, PhD; Fortney, John, PhD
VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA

Suicidal ideation (SI) is common among individuals with posttraumatic stress disorder (PTSD) and bipolar disorder. Internalized stigma, the degree to which individuals endorse negative beliefs about their stigmatized condition, is associated with SI, yet little research has explored potential factors that may mitigate this association. Perceived social support is a potential mitigator and reduces the association of stigma and SI among individuals with other stigmatized conditions. The present PCORI-funded study evaluated the association of internalized stigma with SI (both directly and via depressive symptoms) among 714 individuals with PTSD and/or bipolar disorder receiving care at U.S. Federally Qualified Health Centers, and the moderating effect of social support on these associations. The direct effect of stigma on SI was positive (p < .05), and the interaction of social support and stigma was associated with SI (p < .05), such that when individuals reported low social support the association was positive and significant, and when individuals reported high social support the association was negative and nonsignificant. The indirect effect through depression was significant at average and high levels of social support. Results may inform future intervention efforts, including the creation of in-person or mHealth peer support groups, to provide social support and reduce stigma.

Flash Talks Session Two

Community Resilience as a Moderator of the Relationship between Stressors, Trauma, and Suicide Risk in a Transgender Sample
(CulDiv, Pub Health-Social-Gender, Adult, I, Industrialized)

Cogan, Chelsea, PhD Candidate; Scholl, James, PhD Candidate; Cole, Hannah, Undergraduate; Davis, Joanne, PhD

1University of Tulsa, Tulsa, Oklahoma, USA,
2Boston University Medical Campus Center for Multicultural Training in Psychology, Boston, Massachusetts, USA
3National Center for PTSD-Behavioral Health Science Division, VA Boston Healthcare System and Boston

109 Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined. GuidestoKeywordAbbreviationslocatedonpages1-3. (PrimaryKeyword, SecondaryKeywords, PopulationType, PresentationLevel, Region)
Transgender individuals are disproportionately impacted by negative mental and physical health outcomes. Additionally, transgender individuals report higher levels of trauma exposure than their cisgender counterparts. These negative outcomes and experiences have been linked to an increased suicide risk within this population, with up to 81% of individuals reporting at least one suicide attempt. Gender minority stress theory proposes a potential pathway to suicide risk through distal and proximal stressors. However, little research has examined how community resiliency (i.e., community connectedness and pride) can impact this relationship. The present study explored the moderating role of resiliency on the relationship between stressors, trauma exposure, and suicide risk in a sample of 155 transgender individuals. Stressors and trauma exposure were both significantly associated with suicide risk ($F[2, 152] = 8.945, p < 0.001$ and $F[2, 152] = 4.12, p = 0.02$ respectively). However, community resilience was not found to significantly reduce suicide risk or serve as a moderator. These findings demonstrate that community resilience factors alone may not be enough to reduce suicide risk in light of stressor and trauma exposure. The clinical implications of these findings will be discussed in depth and recommendations for future research will be provided.

**Flash Talks Session Two**

**Medical Mistrust Mediates the Relationship between Sexual Victimization and Medical Non-adherence**
(Practice, Bio Med-Health-Rape-Care, Adult, M, N/A)

Altschuler, Rebecca, PhD Student; Dodd, Julia, PhD
East Tennessee State University, Johnson City, Tennessee, USA

Sexual victimization has been associated with significant negative health outcomes as well as increased healthcare utilization (e.g., Breiding et al., 2013; Sickel et al., 2002). However, due to fear, embarrassment, or confidentiality concerns (Logan et al., 2004; Nasta et al., 2005), women may mistrust medical advice and not adhere to treatment recommendations, exacerbating development of negative health outcomes. Some research (Meade et al., 2009) has identified sexual victimization as a predictor of medical nonadherence, but to our knowledge no research has examined the role of medical mistrust in this relationship. A sample of 857 women was recruited via social media. Regression analyses in R Markdown revealed that sexual trauma was a significant predictor of both medical nonadherence ($b = 0.4, SE = .08, p < .0001$) and medical mistrust ($b = 1.36, SE = .027 p < .0001$), and further that medical mistrust predicted medical nonadherence ($b = 0.06 SE = .01, p < .0001$). Additionally, medical mistrust was found to significantly mediate the relationship between sexual trauma and medical nonadherence ($b = .09, SD = .03, 95\% CI = .04, .14$). Results emphasize the importance of trauma-informed care and patient-provider rapport in bolstering resiliency and strengthening survivors’ adherence to medical recommendations. Suggestions for further application and intervention will be discussed.

**Flash Talks Session Two**

**Predictors of Benzodiazepine Prescription among OIF/OEF Veterans with PTSD**
(Clin Res, Clinical Practice-Cul Div-Mil/Vets, Adult, M, Industrialized)

Moshier, Samantha, PhD1; Abdulkerim, Hassen, MS2; Rosen, Raymond, PhD3; Keane, Terence, PhD4; Marx, Brian, PhD4
1Emmanuel College, Boston, Massachusetts, USA
2Center for Healthcare Organization and Implementation Research, VA Boston Healthcare SystemBoston, Massachusetts, USA
3New England Research Institutes, Inc., Watertown, Massachusetts, USA

110 Presenter's names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined. Guides to Keyword Abbreviations located on pages 1-3. (Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Clinical practice guidelines recommend against the use of benzodiazepines (BZD) for treatment of PTSD. Using data from a longitudinal national registry of Operating Iraqi Freedom/Operation Enduring Freedom veterans with PTSD (n = 861), we examined patient characteristics predicting receipt of a BZD prescription from the Veterans Health Administration (VHA). PTSD diagnosis was confirmed via structured clinical interview, and a battery of online questionnaires assessed clinical and demographic characteristics. Prescription data was extracted from VHA medical records for the year following study assessment (2013-2014). Twenty-two percent of veterans were prescribed a BZD in this period. In univariate analyses, odds of BZD prescription were significantly higher among Caucasian veterans, older veterans, and veterans with greater education. Greater severity of functional impairment, PTSD, depression, and panic symptoms were each associated with increased odds of BZD prescription; no association was found with gender, alcohol use problems, or combat exposure. In multivariate analyses, only panic symptom severity, education, and race remained associated with BZD prescription. Findings may inform future efforts to reduce BZD prescribing for PTSD, and align with prior research demonstrating racial disparities in the services provided to veterans in VHA.

Flash Talks Session Two

Post-Disaster Mental Health Wellness: A Prospective Study of Oil Spill Cleanup Workers
(Pub Health, Anx-Depr-Tech/Dis-Epidem, Adult, M, Industrialized)

Lowe, Sarah, PhD1; Kwok, Richard, PhD2; Engel, Lawrence, PhD3; Galea, Sandro, MD, DrPH4; Sandler, Dale, PhD2
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2National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina, USA
3UNC Gillings School of Global Public Health, Chapel Hill, North Carolina, USA
4Boston University, Boston, Massachusetts, USA

Exposure to potentially traumatic events is associated with a range of adverse mental health conditions, with symptoms following various longitudinal trajectories. Mental health wellness is defined as a trajectory of stably low symptoms – often termed resilience – across several mental health conditions. Although mental health wellness is considered an optimal post-trauma outcome, few studies have explored its prevalence and predictors. The current study examined mental health wellness in Deepwater Horizon oil spill cleanup workers (N = 1,752) who completed measures of posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), and psychological distress (PD) at three waves. Latent class growth analyses found that 42.2% of participants were in a resilience trajectory for PTSD, 54.0% for GAD, and 58.4% for PD; 34.5% were in a resilience trajectory across all three conditions, thus exhibiting mental health wellness. In logistic regression analysis, older age and baseline employment were associated with higher odds of mental health wellness, whereas Black race, having a pre-spill mental health condition, and participation in cleanup work tasks involving higher oil exposure were associated with lower odds of mental health wellness. These results provide insight into which disaster survivors might be in most need of ongoing support following exposure.

Flash Talks Session Two

Methodological Inconsistencies in Mild Traumatic Brain Injury and Risk for Post-Traumatic Stress Disorder
(Assess Dx, Acc/Inj-Acute-Cul Div-Med/Som, Adult, I, N/A)
Hanson, Jessica, BA¹; Hunt, Josh, PhD²; Isely, Kathleen, BA¹; deRoon-Cassini, Terri, PhD³; Larson, Christine, PhD¹
¹University of Wisconsin – Milwaukee, Milwaukee, Wisconsin, USA
²Medical College of Wisconsin, Milwaukee, Wisconsin, USA
³Medical College of Wisconsin, Department of Surgery, Trauma & Critical Care, Milwaukee, Wisconsin, USA

There is contradictory support of mild traumatic brain injury (mTBI) as a risk factor for the development of PTSD following a traumatic injury. This may be due to methodological inconsistencies when assessing for peritraumatic symptoms. The aim of this study was to examine the impact of different standardized methods of mTBI diagnosis on this PTSD risk relationship among adult trauma survivors. Each participant was evaluated using both a structured self-report mTBI interview that was collected 2 weeks after admission to the emergency room of a Level 1 Trauma Center, and an evidenced based diagnostic algorithm created to assess mTBI via chart review. In the overall sample (n = 120) 102 participants (85%) met criteria for an mTBI based on self-report and 82 participants (68.3%) met criteria based on the chart review algorithm. CAPS-5 were administered 6-months post-injury and chi square analyses were run on each of these groups. Chi square analysis of the relationship between PTSD (n=31, 25.8%) and both self-report mTBI (χ² = 0.144, p = .704, Φ = .035) and chart-review mTBI (χ² = 1.595, p = .207, Φ = .115) were nonsignificant. Logistic regression using other potential known risk factors was run and neither method was predictive of PTSD. Regardless of methodology, there is no increased risk for PTSD in adult traumatic injury survivors who suffered an mTBI at the time of injury.

Flash Talks Session Two

Clinical Video Telehealth for Veterans with a History of Military Sexual Trauma: Results from a National Program Evaluation
(Tech, Health-Rape-Tech, Adult, I, Industrialized)

Gregory, Amy, BA (Hons); Slightam, Cindie, MPH²; Jiaqi, Hu, MA³; Kimerling, Rachel, PhD⁴; Blonigen, Daniel, PhD⁵; Zulman, Donna, MD, MS⁶
¹Center for Innovation to Implementation & National Center for PTSD, VA Palo Alto Health Care System/Stanford University, Menlo Park, California, USA
²Center for Innovation to Implementation, VA Palo Alto Health Care System & Stanford University, Menlo Park, California, USA
³Stanford University School of Medicine, Palo Alto, California, USA
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From May 2016 to September 2017, Veterans Affairs Office of Connected Care distributed video-enabled tablets to Veterans with barriers to in-person care. We compared characteristics and clinical video telehealth (CVT) utilization of Veterans with and without a history of military sexual trauma (MST) and evaluated the impact of CVT on MST-patients’ experiences with VA care. We focused on 738 tablet recipients who had outpatient care after tablet receipt and completed baseline and 6-month follow-up surveys measuring barriers to care and experiences with VA care (13% with MST).

At baseline, tablet recipients with MST had more mental health conditions (median 2 vs. 1, p<.001) and endorsed more barriers to VA care (median 4 vs. 3, p<.001) than recipients without MST. More recipients with MST reported that feeling uncomfortable or uneasy in VA settings was a barrier to accessing care (52% vs. 33%, p<.001). Recipients with MST were less likely to report getting the care they needed (OR=.61, p=.03) at baseline, but 6-months later their responses resembled those of recipients without MST (OR=1.14, p=.56). By 1 year, recipients with MST were more likely to receive CVT mental health-care than those without MST (OR=2.34, p<.001). These findings suggest that CVT offers a promising mechanism for addressing access and care disparities among Veterans with a history of military sexual trauma.
Flash Talks Session Two

Emotion Dysregulation in PTSD - GAD Comorbidity
(Clin Res, Affect/Int-Anx, Adult, M, Industrialized)

Allbaugh, Lucy, PhD\(^1\); Pickover, Alison, PhD\(^2\); Florez, Ivonne, PhD\(^3\); Mekawi, Yara, MA\(^3\); Powers Lott, Abigail, PhD\(^3\); Cloitre, Marylene, PhD\(^4\)
\(^1\)University of Dayton, Dayton, Ohio, USA
\(^2\)New York State Psychiatric Institute and Columbia University Irving Medical Center, New York, New York, USA
\(^3\)Emory University School of Medicine, Atlanta, Georgia, USA
\(^4\)National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA

Generalized anxiety disorder (GAD) is highly comorbid with other disorders, including posttraumatic stress disorder (PTSD), yet little research has examined predictors of comorbid GAD in the context of PTSD. GAD is well-understood using an emotion dysregulation model; higher emotional intensity and reactivity and lower emotional understanding and regulation ability predict GAD in clinical and non-clinical samples. Specific dysregulation domains predict GAD comorbidity with other anxiety disorders, but similar work has yet to identify those that predict GAD comorbidity in trauma survivors with PTSD. The present study tested domains of emotion dysregulation as differentiators of PTSD alone versus PTSD and comorbid GAD among 292 trauma-exposed women. The sample was primarily low-income and racially diverse (45.7% Caucasian). One-way MANOVA revealed significant group differences in use of emotion regulation strategies (\(p < .001\)), nonacceptance of emotions (\(p = .008\)), impulse control (\(p = .019\)), emotional awareness (\(p = .042\)), and emotional clarity (\(p = .016\)); those with comorbid GAD reported more dysregulation across domains. These results will be discussed in terms of how they might enhance understanding of this common comorbidity and improve diagnosis and treatment of trauma-exposed individuals whose cases are complicated by comorbid GAD.
Friday, November 15

Keynote Address
Friday, November 15
8:15 AM to 9:15 AM
Salon E/F

Better Together: Examples from Cognitive Processing Therapy of the Interaction between Clinical Practice and Research
(Practice, Clinical Practice-Res Meth, N/A, M, N/A)

Resick, Patricia, PhD, ABPP
Duke University Medical Center, Durham, North Carolina, USA,

Too often, many therapists and researchers appear to be working in parallel silos and have trouble connecting and communicating. Therapists sometimes don’t trust research, or think it is not relevant and don’t incorporate new findings into their practice. Researchers, at times, ignore the experiences of therapists and don’t take their clinical wisdom or questions into account while designing therapies or conducting research. While certainly not perfect, over the past 30 years, cognitive processing therapy (CPT) for PTSD has evolved to meet the needs of clients and therapists, by modifying the protocol based on feedback of therapists as well as new research findings. Meanwhile, there are also findings from research indicating that fidelity to, and competence with the CPT protocol, produces better outcomes. Certain elements of the protocol (e.g., effective Socratic questioning, use of practice assignments, attending to assimilation before overaccommodation) also make a difference in outcomes. More recent efforts have included adapting CPT to varying client populations with different comorbidities or cultures, different timing of sessions, using more case formulation, and elucidating predictors of varying lengths of therapy. We have also developed a questionnaire for therapists to examine their own beliefs about CBT, CPT, therapy manuals and clients that may interfere with their effective implementation of evidence-based treatments and ultimately client outcomes. This presentation will present examples of how clinical practice and research have interacted to refine CPT over the past three decades and how it may evolve in the future.
Friday, November 15, 2019

Concurrent Session Five

Invited Panel
Friday, November 15
9:45 AM to 11:00 AM
Salon E/F

Developmental Adversity as a Biological Variable: Considering A Path Forward
Part One
(Bio Med, CPA, Child/Adol, M, Global)

Ressler, Kerry, MD, PhD1; Miller, Susan, MBA, MSN2; Kessler, Ronald, PhD3; McEwen, Bruce, PhD2; Teicher, Martin, MD, PhD2; Binder, Elisabeth, MD PhD4; Nemeroff, Charles, MD PhD5
1Harvard Medical School, McLean Hospital (Harvard Medical School Affiliate) Belmont, Massachusetts, USA
2McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA
3Harvard Medical School, Boston, Massachusetts, USA
4Max Planck Inst of Psychiatry, Munich, Germany
5The University of Texas at Austin, Austin, Texas, USA

Childhood adversity is among the most robust risk factors for psychiatric and medical disorders in adulthood. Furthermore, it is a critical risk factor for comorbidity, patient complexity, and treatment resistance. Understanding the differential biological factors that separate risk from resilience in the aftermath of developmental trauma is critical. Importantly, failure to control for childhood adversity is a major confound and critical barrier to rigor and reproducibility in healthcare research and implementation. This two-part panel brings together international experts on the importance of childhood adversity and developmental stress as critical variables from the epidemiological, neurobiological, and systems biology perspectives. We will discuss the overwhelming range of evidence, potential barriers, and paths to moving forward with Childhood Adversity as a Biological Variable in research and industry.

A vast body of knowledge remains to be mined, but developmental adversity as a class of experiences has been robustly associated with important brain and body alterations. These alterations have been identified at molecular, cellular and systems levels in essentially every system of the body. The first part of this two-part panel will set the stage for how we incorporate information of developmental adversity into mainstream research: the breadth and complexity of the task, and the fact that no person or organization is responsible for leading it. Is the science case for considering developmental adversity as a biological variable convincing? If the answer is yes, is now an appropriate time to begin the process of integrating it as a biological variable into mainstream research? If the answer is not yet, what needs to happen in order to bring that time forward? Discussion will include Part One and Two panelists and chairs (Ressler, Miller, Kessler, McEwen, Teicher, Binder, Nemeroff).
Evidence suggests that disturbed sleep plays an integral role in PTSD development and symptom progression. This symposium examines prospective data on the role of sleep disorders in subsequent development of PTSD, exacerbation of PTSD symptomology, and relationship between objective sleep through polysomnography (PSG) and daytime cognitive functioning. Further, we examine the influence of obstructive sleep apnea (OSA) and OSA treatment on PTSD symptoms. Jason DeViva, Ph.D. will present data on how poor sleep quality predicts the development of PTSD. Elissa McCarthy, Ph.D., will show how poor sleep quality predicts increased risk of suicidal ideation. Sophie Wardle Pinkston, M.S., examines the relationship between objective measures of sleep architecture from PSG on next day cognitive functioning. Finally, Peter Colvonen, Ph.D., will share his data on the effects of OSA severity and OSA treatment on PTSD symptoms and symptom clusters. Taken together, this symposium underscores sleep’s critical role in affecting the course and symptoms of PTSD. Further, this symposium suggests targeting sleep disturbance represents a promising method for prevention and intervention of PTSD. Specifically, improving sleep may decrease incidence of PTSD and suicidal ideation while improving cognitions and PTSD symptomology. Sonya Norman, Ph.D., Director of the PTSD Consultation Program through the National Center for PTSD, will discuss the importance of assessing and addressing sleep symptoms in the context of trauma and PTSD. This symposium is part of a three-part series and builds upon the mechanistic PTSD and sleep symposium.
Sleep problems are a core feature of posttraumatic stress disorder (PTSD). To date, however, little is known about whether sleep problems may increase risk for the development of PTSD. To address this question, we evaluated the relation between sleep quality and the development of PTSD over a 7-year period in a nationally representative sample of 2,918 U.S. military veterans without PTSD who participated in the National Health and Resilience in Veterans Study. Sleep quality was assessed using a single-item measure from the Pittsburgh Sleep Quality Index; PTSD was assessed using the PTSD Checklist. Results revealed that veterans with poor sleep quality at baseline were significantly more likely to develop PTSD over the follow-up period (7.3% vs. 2.9%; relative risk ratio=1.8, 95% confidence interval=1.2-2.7), even after adjustment for age, sex, cumulative lifetime trauma burden, and other lifetime psychiatric and substance use disorders. Taken together, results of this study suggest that poor sleep quality is associated with almost double the risk for the development of PTSD in U.S. military veterans. Clinically, these findings highlight the clinical utility of a single-item assessment of sleep quality and the importance of sleep quality as a determinant of incident risk for PTSD in this population.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Salon A/B

Trauma, PTSD, and Sleep I: The Role of Disturbed Sleep on PTSD Development, Suicidal Ideation, Cognitive Functioning, and Hyperarousal

“In that Sleep of Death what Dreams may Come”: Self-Rated Sleep Quality Predicts Incident Suicidal Ideation and Suicide Attempts in U.S. Military Veterans
(Practice, Sleep-Mil/Vets-Epidem, Adult, M, N/A)

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Veterans are at higher risk for both suicide and poor sleep. However, scarce research has examined whether sleep difficulties may increase risk for the development of suicidality in this population. In the present study, we evaluated whether self-reported sleep quality, assessed using a single item from the Pittsburgh Sleep Quality Index, was associated with risk of new-onset suicidal ideation and attempts in U.S. military veterans. Data were analyzed from the National Health and Resilience in Veterans Study, a 7-year, nationally representative, prospective cohort study of veterans. Results revealed that veterans without histories of suicidality who reported poor sleep quality at the baseline assessment were twice as likely to develop suicidal ideation (15.2% vs. 8.2%; relative risk ratio [RRR]=1.9, 95% confidence interval (95%CI)=1.3-2.6) and attempt suicide (5.0% vs. 2.3%; RRR=2.1, 95%CI=1.2-3.7) over the follow-up period; these associations were independent of and comparable in magnitude to the effect of posttraumatic stress and major depressive disorder. Collectively, these findings suggest that interventions to improve sleep quality may help decrease risk for suicidal ideation and attempt in U.S. military veterans. They further underscore the clinical utility of a single-item sleep quality measure in prevention efforts designed to mitigate suicide risk in this population.
Symposium
Friday, November 15
9:45 AM to 11:00 AM
Salon A/B

**Trauma, PTSD, and Sleep I: The Role of Disturbed Sleep on PTSD Development, Suicidal Ideation, Cognitive Functioning, and Hyperarousal**

**The Effects of OSA and CPAP Therapy on PTSD Symptoms and Clusters**

(Clin Res, Clin Res-Clinical Practice-Sleep-Mil/Vets, Adult, M, Industrialized)

Colvonen, Peter, PhD¹; Goldstein, Lizabeth, Doctoral Student²; Rivera, Guadalupe, MA³; Sarmiento, Kathleen, MD⁴

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Posttraumatic stress disorder (PTSD) frequently co-occurs with Obstructive Sleep Apnea (OSA). Extant literature shows that positive airway pressure (PAP) therapy can decrease PTSD symptoms. However, no study has examined which cluster of PTSD are affected by PAP therapy. This study examined changes in PTSD symptoms clusters over 6-months of PAP therapy. Participants were 59 veterans with PTSD and undiagnosed OSA, not yet using PAP therapy. Measures include PCL-S and clusters (intrusion, avoidance numbing, hyperarousal), percentage of nights PAP was used, mean hours PAP was used, residual AHI, weight, and BMI. Baseline scores were high for PCL-S (M = 60.02; SD = 15.03) and AHI (M = 28.18 per hour; SD = 20.35). Findings showed that more days of PAP use in the last 6 months predicted larger decreases in numbing and hyperarousal clusters, but not intrusions or avoidance. However, percent of PAP use more than 4 hours did not predict any changes in PTSD scores. These findings suggest that treating OSA may be necessary, but not sufficient, in helping decrease numbing and hyperarousal clusters of PTSD symptoms. The mechanisms are not known, however decreasing fragmented sleep and increasing REM percent is hypothesized to play a role.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Salon A/B

**Trauma, PTSD, and Sleep I: The Role of Disturbed Sleep on PTSD Development, Suicidal Ideation, Cognitive Functioning, and Hyperarousal**

**Impact of Previous Night’s Sleep on Cognitive Performance in Active Duty Service Members with PTSD, Insomnia, and Nightmare Disorder**

(Practice, Sleep, Adult, M, N/A)

Wardle-Pinkston, Sophie, MS¹; Scullin, Michael, PhD²; Slavish, Danica, PhD³; Pruiksma, Kristi, PhD³; Resick, Patricia, PhD, ABPP⁴; Peterson, Alan, PhD⁵; Young-McCaughan, Stacey, PhD⁵; Dondanville, Katherine, PsyD⁶; Nicholson, Karin, MD⁷; Hale, Willie, PhD⁸; Mintz, Jim, PhD⁸; Litz, Brett, PhD⁹; Keane, Terence, PhD⁹; Taylor, Daniel, PhD⁹

¹Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined. Guide to Keyword Abbreviations located on pages 1-3. (Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Research on cognition and sleep has revealed opposing findings. Perhaps after a good night, cognition is not affected; however, after a bad night, cognition is impaired. To elucidate, we investigate the association between previous night’s sleep (PSG) and cognition (Stroop, PVT, TMT & memory). Analyses included 28 service members with PTSD, insomnia, and nightmares. Multiple linear regression revealed longer total sleep time associated with greater word recall and recognition, longer N1 associated with poorer Stroop performance, and longer N2 associated with greater prospective memory and word recall. Additionally, longer REM associated with greater Stroop performance, greater sleep efficiency associated with greater recall, and longer latency to REM associated with worse prospective memory, Stroop, and TMT performance. Variables of sleep architecture are associated with various measures of cognition; therefore, previous night’s sleep architecture is likely a more accurate predictor of cognition than other measures of sleep dysfunction (e.g., insomnia). This is salient for the military due to sleep variability and cognitive demands of military occupations. Further, this may impact the efficacy of PTSD treatments that require favorable cognitive ability (e.g., CPT). Given the comorbidity of PTSD and sleep disorders, sleep interventions for service members with PTSD is warranted.
Symposium
Friday, November 15
9:45 AM to 11:00 AM
Salon C/D

What can we Learn about PTSD from Network Analysis?
(Res Meth, Assess Dx-Complex-Depr-Sleep, Lifespan, I, Global)

Greene, Talya, PhD MPH
University of Haifa, Department of Community Mental Health, Mount Carmel, Haifa, Israel

Network analysis has become a popular way to investigate the structure of psychiatric disorders, as well as comorbidity between diagnostic constructs and other psychological phenomena. This symposium starts by a presentation examining what have we learnt so far from network models of PTSD. Additional presentations will examine promising new findings regarding network models of comorbid PTSD and depression, PTSD and alcohol use, and the network associations between PTSD and complex PTSD, and will raise the question of where do we go from here?

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Salon C/D

What can we Learn about PTSD from Network Analysis?

The Network Approach to Posttraumatic Stress Symptoms: a Systematic Review
(Bio Med, Bio Med-Res Meth-Theory, Adult, I, Industrialized)

Spiller, Tobias, MD Candidate1; Greene, Talya, PhD MPH2; Birkeland, Marianne, PhD3
1Zurich University, Zurich, Switzerland
2University of Haifa, Department of Community Mental Health, Mount Carmel, Haifa, Israel
3Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

Network analysis studies of posttraumatic stress symptoms (PTSS) have become increasingly popular. We aimed to systematically review PTSS network studies published between January 2010 and November 2018. The review protocol was preregistered (PROSPERO ID: 112825), and focused on: sample characteristics, measures, data analysis and open science. Network specific outcomes were included in the secondary outcomes. Of 199 primarily identified articles, 33 were included in the review. Of these, 21 conducted cross-sectional network analysis on DSM-IV/DSM-5/ICD-11 PTSS. These studies investigated a broad range of samples, with various measures. Most studies used similar analytic approaches including stability analysis. The strongest edge weights were typically within each DSM-IV/DSM-5 PTSD symptom cluster. Across studies, only strength centrality was generally adequately stable, with amnesia consistently reported to have lowest strength, however there was substantial heterogeneity regarding which nodes had high strength centrality. This review indicates that while network studies of PTSS have used comparable analytic approaches, they reveal much heterogeneity in the network structures. More studies are needed to examine the extent to which PTSS network structures are similar across different samples, trauma types, timing since trauma, symptom severity, and measures used.
Symposium
Friday, November 15
9:45 AM to 11:00 AM
Salon C/D

What can we Learn about PTSD from Network Analysis?

A Network Model of Posttraumatic Stress Disorder and Depression Comorbidity among Migrant Workers
(Assess Dx, Clin Res-Depr-Ethnic-Global, Adult, I, E Asia & Pac)

Hall, Brian, PhD1; Garabiles, Melissa, PhD2; Lao, Chao Kei, BS, BA3; Wang, Siyuan, Undergraduate4
1Global and Community Mental Health Research Group, Department of Psychology, Faculty of Social Sciences, University of Macau, Macau, People’s Republic of China
2Ateneo de Manila University, Quezon City, Metro Manila, Philippines

Providing brief and effective interventions for migrants is a public health challenge. Comorbidity complicates treatment. Models are needed that identify transdiagnostic symptoms linking disorders together. Targeting these symptoms may lead to efficient and generalized symptom change. Posttraumatic stress disorder often co-occurs with depressive symptoms. From the symptom network perspective, comorbidity is due to interactions between PTSD and depression symptoms. The current study examined the network structure of PTSD, depression, and bridge symptoms between PTSD and depression in a sample of transnational migrant workers. A total of 1,375 Filipina domestic workers in Macao Special Administrative Region, China were recruited via respondent-driven sampling. Data from a subsample of 1,258 women who reported an index trauma were included in the network analysis. The PTSD Checklist for DSM-5 (PCL-5) and Patient Health Questionnaire (PHQ-9) were used to assess PTSD and depression symptoms. Results showed that “sleep” symptoms were central to the network structure. There were 6 bridge symptoms: PTSD symptom “difficulty sleeping,” and depression symptoms “sleep difficulties,” “psychomotor agitation/retardation,” “worthlessness,” “thoughts of death,” and “depressed mood.” Implications for research and brief interventions to reduce comorbid PTSD and depression are discussed.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Salon C/D

What can we Learn about PTSD from Network Analysis?

Examining the Co-morbidity between Alcohol Use and Posttraumatic Stress Disorder using Network Analysis
(Assess Dx, Mil/Vets, Adult, I, Industrialized)

Armour, Cherie, Professor1; Ross, Jana, PhD2; Contractor, Ateka, PhD3
1University of Ulster, School of Psychology, Coleraine, Northern Ireland, United Kingdom
2University of Ulster, Coleraine, Co. Londonderry, United Kingdom
3University of North Texas, Denton, Texas, USA

121
Presenters’ names are in bold. Discussants’ names are underlined.
Moderators’ names are in bold and underlined.
Guides to Keyword Abbreviations located on pages 1-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Background: Posttraumatic stress disorder (PTSD) and alcohol use are highly prevalent among military veteran populations. A number of theories accounting for the co-morbidity between PTSD and alcohol use disorder have been proposed, but research examining the symptom-level associations between the two disorders is limited. The current study used network analysis to examine the associations between PTSD and alcohol use. Methods: Preliminary analyses were conducted with a sample of 282 Northern Irish veterans (Analyses will be updated once the data collection is complete in July 2019) with a history of trauma and current alcohol use. A network consisting of PTSD symptoms and items from the Alcohol Use Disorders Identification Test (AUDIT) was constructed and bridge centrality of all items was evaluated to identify items with the highest number/strongest associations between the two constructs. Results: The ‘Reckless behaviour’ symptom of PTSD had the highest number of direct connections with the alcohol use items. ‘Reckless behaviour’, ‘Amnesia’ and ‘Irritability and anger’ were the PTSD symptoms with the strongest bridge connections to the alcohol use items. Conclusion: The results highlight the role of specific PTSD symptoms that are involved in the interaction between PTSD and alcohol use.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Salon C/D

What can we Learn about PTSD from Network Analysis?

PTSD and Complex PTSD (CPTSD): Exploring Symptom Relations through Network Analysis
(Assess Dx, Complex-Mil/Vets, Adult, I, Industrialized)

Karstoft, Karen-Inge, PhD, MSc; Folke, Sofie, PhD, MSc; Greene, Talya, PhD MPH; Andersen, Søren, PhD; Nielsen, Anni Brit Sternhagen, PhD, MSc, RN

1Research and Knowledge Center, The Danish Veteran Center, Ringsted, Denmark
2Danish Veteran Centre, Ringsted, Denmark
3University of Haifa, Department of Community Mental Health, Mount Carmel, Haifa, Israel

In ICD-11, Complex PTSD (CPTSD) will be listed as a separate disorder from PTSD. While some studies have supported the validity of CPTSD, much is still unknown, and specifically, relations between symptoms of PTSD and CPTSD have not been scrutinized in military populations. Network analysis enables an exploration of the symptom-level relations between these two constructs. In this study, we perform a network analyses in a composite measure of PTSD and CPTSD-symptoms in a sample of veterans (N=1,541) about to undergo treatment for deployment-related psychopathology at the Military Psychology Clinic in the Danish Defense. Specifically, we estimate regularized partial correlation networks of 11 symptoms of PTSD and CPTSD, assess the stability of the network, and report individual symptoms’ strength centrality in the network. We find generally weak relations between symptoms of PTSD and CPTSD, but strong relations within each dimension. Further, we find detachment, worthlessness, and hypervigilance to have the highest strength centrality. The findings will be discussed in relation to previous network analysis of PTSD and CPTSD.
PTSD and SUD Comorbidity: Mechanistic Insights from Genome Wide Association Studies
(Bio Med, Bio Med-Genetic, Adult, A, Global)

Amstadter, Ananda, PhD
Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

The field has recently undergone tremendous growth in the area of molecular genetic investigations of posttraumatic stress disorder (PTSD) and substance use disorders, conditions that are highly comorbid and overlap in genetic liability. Recent innovations in statistical genetics, such as polygenic risk scores (PRS), genome wide complex trait analysis (GCTA), and mendelian randomization (MR) are now able to be applied genome wide association data (GWAS) to gain insight into the genetic architecture of PTSD and related conditions. Given the complexities of these novel methods and their application to ‘big data’ (PTSD consortia GWAS is now n>100,000), Dr. Amstadter will open the symposium as Chair and speaker to provide an overview of these statistical genetics methods to lay the foundation for the three data driven talks that will follow. Dr. Meyers will present on the genetic intersection of cannabis use and PTSD using genetic correlation and MR methods. Dr. Sheerin will present on the shared genetic architecture of PTSD and alcohol use disorder with PRS methods. Lastly, Ms. Hawn will present on the genetic underpinnings (GWAS, GCTA) of a novel phenotypic measure of PTSD-related drinking. Key sex differences will be discussed by all speakers.

PTSD and SUD Comorbidity: Mechanistic Insights from Genome Wide Association Studies

Shared Molecular Genetic Risk of PTSD and Alcohol Dependence
(Bio Med, Sub/Abuse-Genetic-Gender-Bio/Gen, Lifespan, A, Global)

Sheerin, Christina, PhD; Bountress, Kaitlin, PhD; Meyers, Jacquelyn, PhD; Duncan, Laramie, PhD; Shen, Hanyang, PhD, RN; Amstadter, Ananda, PhD

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PTSD and alcohol dependence (AD) frequently co-occur. This comorbidity is associated with greater symptom severity, impairment, and poorer prognosis, stressing the need to better understand this comorbidity. Twin studies
demonstrate genetic overlap, but shared molecular genetic risk is less known. PTSD has demonstrated gender differences in heritability (women>men); evidence is mixed for AD. We aim to examine molecular genetic overlap of PTSD and AD to inform models of shared etiology using linkage disequilibrium score regression (LDSR) and polygenic risk score (PRS) approaches to leverage genome-wide data in the largest genome-wide association study datasets of PTSD and AD. Summary stats from European and African ancestry (EA, AA) participants came from Psychiatric Genomics Consortium PTSD (N~189,998) and Substance Use Disorders (N~44,485) workgroups. LDSR in EAs demonstrated a moderate PTSD-AD correlation (r=.35, p=.02), with differences in sex-stratified results. Genotypic-level data for PTSD (n=34,529 EA; n=12,622 AA) will be used to create PRSs, aggregate measures of genetic risk. This method will apply summary stats from AD individuals to genotypic-level data predicting PTSD (by ancestry). LDSR results are the first to demonstrate a shared molecular genetic basis for PTSD-AD comorbidity; PRS analyses will help determine how well AD genetic risk can predict PTSD status.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Salon H/I

PTSD and SUD Comorbidity: Mechanistic Insights from Genome Wide Association Studies

A Deeper Look into a Novel Measure of Trauma-Related Drinking to Cope: Phenotypic and Genotypic Advances
(Clin Res, Res Meth-Gender-Bio/Gen, Adult, A, Industrialized)

Hawn, Sage, Candidate; Dick, Danielle, PhD; Amstadter, Ananda, PhD
Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) commonly co-occur, share latent genetic risk, and are associated with many negative public health outcomes. Trauma-related drinking to cope (TRD), an unexplored phenotype to date, may help explain why these two disorders co-occur, thus serving as an essential target for treatment and prevention efforts. We sought to create a novel measure of TRD and to investigate its influences on PTSD-AUD comorbidity, as well as its potential shared molecular genetic risk with PTSD in a genetically-informative study of 1,896 college students. Structural equation modeling was used as the primary model building framework to evaluate the new TRD screener items. Results of a correlated multiple mediator model indicated that, while accounting for generalized drinking motives, TRD mediated the relation between PTSD and AUD (β = 0.213, p < .001) and that this relationship was stronger for males (β = 0.804, p < .001) than for females (β = 0.463, p < .001). Results were substantiated using longitudinal data. Genotypic analyses to be presented will include genome wide association analyses to examine genetic variation in TRD and PTSD and genome wide complex trait and polygenic risk score analyses to examine aggregate genetic risk associated with TRD, PTSD, and potential shared variation between the two phenotypes.
PTSD and SUD Comorbidity: Mechanistic Insights from Genome Wide Association Studies

Gender Differences in the Shared Molecular Genetic Risk for PTSD and Lifetime Cannabis Use
(Bio Med, Sub/Abuse-Gender-Bio/Gen-Epidem, Adult, A, Industrialized)

Meyers, Jacquelyn, PhD\(^1\); Bountress, Kaitlin, PhD\(^2\); Zhang, Jian, PhD\(^3\); Sheerin, Christina, PhD\(^4\); PGC, PTSD Consortium\(^5\); Amstadter, Ananda, PhD\(^6\)

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\(^5\)multiple, , New York, USA
\(^6\)Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

Clinical and epidemiological studies consistently find that PTSD diagnosis is associated with increased risk for cannabis use, even after adjusting for sociodemographic variables, and other co-occurring substance use and psychiatric disorders. While previous studies have demonstrated that some of the association observed between PTSD and alcohol and nicotine use disorders is due to shared genetic influences, this has not been examined with respect to cannabis use. As PTSD is more common in women and cannabis use in men, there may be also be important gender differences in the genetic correlation between PTSD and cannabis use. Using data from the largest published genome-wide association studies of PTSD and cannabis use, we conducted the first study to examine the genetic correlation (rG) between PTSD and lifetime cannabis use. Our results suggest that there is a low-moderate genetic correlation (0.17 (SE: 0.07, p<0.02)) among PTSD and cannabis use that appears to be driven by women (rG:0.22, p<0.001) as compared with men (rG:0.11, p>0.05). These data indicate that the co-occurrence of PTSD and cannabis use in women can be partially attributed to shared molecular genetic factors. Ongoing work will identify genetic pathways shared across these disorders, investigate observed gender differences, and employ Mendelian Randomization methods to address questions of causality.
Symposium
Friday, November 15
9:45 AM to 11:00 AM
Arlington

Immersion, Personalisation and Activation in 3MDR; Results from Ongoing Clinical Trials across the Globe
(Clin Res, Clin Res, Adult, M, N/A)

Vermetten, Eric, MD, PhD1; Bisson, Jonathan, MD PhD2
1Centrum ’45 Arq / Leiden University Medical Center, Leiden, Netherlands
2Cardiff University School of Medicine, Cardiff, Wales, United Kingdom

In this symposium results will be presented from completed and ongoing trials of a recent and novel approach to exposure-based psychotherapy, 3MDR (Motion-based, Multi-modular Memory Desensitization and Reconsolidation). 3MDR is aimed to reduce cognitive avoidance and augment engagement with therapy. It is based on known therapeutic principles of VRET and EMDR, embedded in a novel context in which the patient walks on a treadmill. After initial positive proofs of principle and positive initial clinical results, two RCTs have been completed. Four presenters from different countries across the globe will discuss their study progress and results. The result of RCTs in the Netherlands and Cardiff, UK, will be presented. These studies have each included 42 military veterans with treatment resistant PTSD. Updates on the current status of two other ongoing RCTs will also be presented, one being conducted in Washington, DC, USA, looks at PTSD in active duty military with both PTSD and mTBI, and compares 3MDR with and without the eye movement element. The fourth is being conducted in Edmonton, Canada, and employs a mixed-methods randomized waitlist control study. It also uses several new features, including eye tracking avoidance as well as the implementation of this novel psychotherapy approach in the treatment of PTSD.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Arlington

Immersion, Personalisation and Activation in 3MDR; Results from Ongoing Clinical Trials across the Globe

Motion-Assisted, Multi-Modal Memory Desensitization & Reconsolidation VR-Based Treatment for Canadian Armed Forces Members with Combat-Related Post-Traumatic Stress Disorder: A Waitlist Control Study
(Clin Res, Chronic-Tech-Mil/Vets-Moral, Adult, M, Industrialized)

Bremault-Philips, Suzette, PhD1; Jones, Chelsea, PhD Candidate1; Pike, Ashley, PhD1; Lentz, Liana, PhD Candidate1; Jetly, Rakesh, MD, FRCPC2
1University of Alberta, Edmonton, Alberta, Canada
2Canadian Forces Health Services Group Headquarters, Canadian Forces Health Services, Ottawa, Ontario, Canada
Military members (MMs) can be at risk of developing operational stress injuries (OSIs) including posttraumatic stress disorder (PTSD). Multi-modular Motion-assisted Memory Desensitization and Reconsolidation (3MDR) therapy, delivered within a virtual reality Computer-Assisted Rehabilitation Environment (CAREN), is a promising intervention for the treatment of combat-related PTSD (crPTSD). Objectives: To study the impact of 3MDR on (1) PTSD symptoms of Canadian Armed Forces (CAF) MMs with chronic crPTSD and (2) CAREN operators (N=3) and therapists (N=10). Methods: This mixed-methods randomized waitlist-control trial will employ a cross-over design. An experimental group (N=20) of MMs with chronic crPTSD will receive 6 sessions of 3MDR; a waitlist control group (N=20) will receive treatment as usual, followed by 6 sessions of 3MDR. Quantitative and qualitative data will be collected pre/post intervention, as well as follow up at 3 and 6 months, in the form of outcome measures (assessing PTSD, anxiety, depression, health, alcohol use, cognition, moral injury, dissociation, distress, use of technology), biomarkers, eye-tracking, brain activity, semi-structured interviews and focus groups. The wellbeing and health of CAREN operators and 3MDR therapists will also be captured. Data analysis will involve repeated measures linear regression analysis, and qualitative thematic analysis.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Arlington

Immersion, Personalisation and Activation in 3MDR; Results from Ongoing Clinical Trials across the Globe

Clinical Trial of 3MDR to Treat PTSD after Mild TBI, with and without Eye Movement
(Clin Res, Clin Res, Adult, M, N/A)

Roy, Michael, MD MPH1; Bellini, Paula, MA2; Simon, Charline, MA2; Richter, Matthew, MD3; O'Malley, Hannah, BA3; Kruger, Sarah, BS3
1Uniformed Services University, Bethesda, Maryland, USA
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3Walter Reed National Military Medical Center, Bethesda, Maryland, USA

We report interim results of a pilot, controlled clinical trial aimed at 20 military service members (10 male, 10 female) with comorbid PTSD and mTBI, featuring 10 sessions of 3MDR (3 preparatory, 6 3MDR treatment, and 1 conclusion), with randomization to either include eye movement (EM+) or not (EM-). The study site is Walter Reed National Military Medical Center, Bethesda, MD. Participants select 2 songs and 14 pictures to be used in treatment. After working through a given picture with the therapist in the virtual environment, the EM+ group sees a red ball bounce across the screen in front of the picture, and recites aloud a number that appears on the ball as it touches the screen’s edge. This element is absent for EM- participants. Procedures are repeated for 5-7 pictures in each 3MDR treatment session. The primary outcome measure is change in PCL-5 score from pre- to post-intervention, and at 3 and 6 months, compared for the 2 groups. We hope this will indicate whether EM adds value, and will lead to funding of a larger trial. At present, we have 7 active participants (4 male, 3 female; 5 white, 2 black; mean age 39.4). Most have had multiple traumas, with combat and sexual traumas most common. The most common themes addressed by those with combat trauma are anger, frustration and closure, while those with sexual trauma have most often addressed anger, fear, and regret.
Symposium
Friday, November 15
9:45 AM to 11:00 AM
Arlington

Immersion, Personalisation and Activation in 3MDR; Results from Ongoing Clinical Trials across the Globe

Efficacy of Interactive Motion-assisted Exposure Therapy for Veterans with Treatment-Resistant Posttraumatic Stress Disorder: A Randomized Controlled Trial
(Clin Res, Clin Res-Tech-Mil/Vets, Prof, M, Industrialized)

van Gelderen, Marieke, MSc; Nijdam, Mirjam, PhD; Haagen, Joris, PhD; Vermetten, Eric, MD, PhD
1Centrum '45 Arq / Leiden University Medical Center, Oegstgeest, Netherlands
2Centrum '45 Arq / Academic Medical Center Amsterdam, Amsterdam, Netherlands
3Centrum 45, Arq Research, Diemen, Netherlands
4Centrum '45 Arq / Leiden University Medical Center, Leiden, Netherlands

Objective: Veterans with posttraumatic stress disorder (PTSD) draw limited benefit from evidence-based treatments. We will report on the efficacy of a novel treatment, called 3MDR. This virtual reality and motion-assisted exposure based intervention provides therapy in an immersive, personalized and activating context.

Methods: In a randomized controlled trial veterans with TR-PTSD (N=43) received either 6 sessions of 3MDR followed by 10 weeks treatment as usual, or 16 weeks non-trauma-focused treatment. Primary outcome was PTSD symptom severity (CAPS-5) from baseline to 10 weeks post-treatment. Differences between groups were tested with an intent-to-treat analysis of covariance, including baseline score as covariate.

Results: Change in mean CAPS-5 score from baseline to 10 weeks post-treatment differed significantly between groups, with a large effect size (F = 6.43, d.f.= 37, p = .016, Cohen’s d = 0.83): CAPS-5 score for participants in the 3MDR group was on average 6.60 points lower as compared to the control group. Low drop-out (10%), no adverse events and clinical change in 45% of the veterans receiving 3MDR were reported.

Conclusions: 3MDR is an efficacious therapy for veterans with TR-PTSD. Compared to previous trials the effect size found was large. 3MDR has the potential to accelerate PTSD treatment for veterans who, until now, did not respond to treatment.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Arlington

Immersion, Personalisation and Activation in 3MDR; Results from Ongoing Clinical Trials across the Globe

A Randomised Controlled Trial of 3MDR for Military Ex-Service Personnel with Treatment-Resistant PTSD
(Clin Res, Complex-Res Meth-Mil/Vets, Prof, M, Industrialized)
Barawi, Kali, PhD Student¹; Kitchiner, Neil, PhD²; Bisson, Jonathan, MD PhD¹; Lewis, Catrin, PhD³
¹Cardiff University School of Medicine, Cardiff, Wales, United Kingdom
²University Hospital of Wales, Cardiff, United Kingdom
³Cardiff University, Division of Psychological Medicine and Clinical Neurosciences, Cardiff, Wales, United Kingdom

Objective: To determine the efficacy of 3MDR in reducing PTSD symptoms in treatment resistant UK military ex-service personnel, its acceptability and factors that influence outcome. Method: An exploratory single blind randomised parallel group-controlled trial with nested mechanistic and process evaluation was undertaken. Participants were randomised to receive either 9 sessions of 3MDR or to a wait list for 12 weeks followed by 9 sessions of 3MDR. Results: 42 participants (all male) were randomised with a mean CAPS-5 score of 48 (SD 7.7). Retention rates were 83% at 12 weeks and 86% at 26 weeks. Using intention to treat analysis, PTSD symptom severity was statistically and clinically significantly better for the immediate treatment group than the delayed treatment group at the 12-week follow-up point (mean 17.7 CAPS-5 score reduction versus 6.8). The delayed treatment group also responded well to 3MDR and the immediate treatment group maintained their improvement at 26-week follow-up. Not all participants improved following 3MDR and some reported increased symptoms. The effect size of 0.63 represents a moderate treatment effect despite it being tested in veterans with treatment-resistant PTSD. Conclusions: 3MDR has emerging evidence of effectiveness for treatment resistant PTSD and further research is now required to determine its true effectiveness and optimal delivery.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Berkeley/ Clarendon

Along the Continuum: When Higher-Level PTSD Care is Needed for Recovery
(Clin Res, Cog/Int-Depr-Mil/Vets, Adult, I, Industrialized)

Walter, Kristen, PhD¹; Chard, Kathleen, PhD
¹Naval Health Research Center, San Diego, California, USA
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Recovery from posttraumatic stress disorder (PTSD) can involve treatment that occurs on a care continuum, ranging from outpatient treatment to intensive outpatient and residential treatment programs as higher-levels of care. Specialized outpatient treatment is intended for veterans/service members with new onset or severe PTSD, whereas intensive outpatient and residential treatment offer a more structured environment for veterans/service members with PTSD to address co-occurring disorders, enhance coping skills, and provide a greater level of care for those who did not respond to outpatient treatment (U.S. Department of Veterans Affairs, 2017). For veterans and service members in the United States, these more intensive treatment programs are available through the Departments of Defense (DoD) and Veterans Affairs (VA), as well as not-for-profit medical facilities. Consistent with the conference theme, this symposium focuses on pathways to recovery, through intensive outpatient and residential treatments, for veterans and active duty service members in a variety of clinical settings and often including interdisciplinary teams. First, Dr. Philip Held will feature outcomes for up to one year following treatment for veterans who received cognitive processing therapy in The Road Home Program at Rush University, a three-week intensive program. Next, Dr. Mark Burton will present longitudinal outcome data for veterans who received massed prolonged exposure therapy over the course of two weeks of treatment at the Emory Healthcare Veterans Program will be presented. Ms. Rachel Blain, MA, will then focus on changes in suicidal ideation and predictors of this change among veterans who
received cognitive processing therapy in a residential PTSD treatment program at a VA medical center. Finally, Dr. Kristen Walter will highlight outcomes for active duty service members who received evidence-based treatment in the DoD’s only residential PTSD program, Overcoming Adversity and Stress Injury Support. Taken together, these presentations address treatment options for recovery by incorporating outcomes across multiple dimensions for intensive PTSD treatment programs serving military veterans and service members in diverse settings. The symposium will conclude with Dr. Kathleen Chard, a leading expert in the field of residential PTSD treatment for veterans, discussing how findings from outcome studies help provide a pathway to recovery for PTSD and new avenues for intensive treatment options.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Berkeley/Clarendon

Along the Continuum: When Higher-Level PTSD Care is Needed for Recovery

Short-, Medium-, and Long-Term Outcomes of a Cognitive Processing Therapy-Based Three-Week Intensive PTSD Treatment Program
(Clin Res, Clin Res-Mil/Vets, Adult, I, Industrialized)

Held, Philip, PhD1; Smith, Dale, PhD2; Van Horn, Rebecca, MD1; Brennan, Michael, PsyD1; Pollack, Mark, MD1
1Rush University Medical Center, Chicago, Illinois, USA
2Olivet Nazarene University, Bourbonnais, Illinois, USA

Objective: Determine the short- (3 months), medium- (6 months), and long-term (12 months) outcomes of a 3-week Cognitive Processing Therapy (CPT)-based intensive treatment program for veterans with PTSD.

Methods: Longitudinal trends and timepoint contrasts across baseline, post-treatment, and 3-, 6-, and 12-month follow-up were examined with random effects models for 164 veterans who participated in the program. PTSD (PCL-5) and depression (PHQ-9) symptoms, and negative posttrauma cognitions (PTCI) were assessed repeatedly over the course of the 3-week ITP and at 3-, 6-, and 12-months follow-up timepoints.

Results: Large symptom reductions were achieved during treatment and maintained for up to 12-months (d = 1.29). PCL-5 (d = .23, p = .004) and PHQ-9 scores (d = .15, p = .026) statistically significantly, though not clinically meaningfully increased between ITP completion and 3-month follow-up. PTCI change during the ITP was a significant predictor of PCL-5 (p < .001) and PHQ-9 (p = .003) change over time.

Conclusion: Significant PTSD and depression symptom reductions can be achieved over the course of a 3-week CPT-based ITP and can be maintained long-term. Reductions in negative posttrauma cognitions over the course of the ITP predicted maintenance of treatment gains. ITPs can be very effective for the treatment of PTSD. Limitations and future directions will be discussed.
Along the Continuum: When Higher-Level PTSD Care is Needed for Recovery

Overcoming Adversity and Stress Injury Support (OASIS): Evaluation of Residential Treatment Outcomes for U.S. Service Members with PTSD
(Clin Res, Depr-Mil/Vets, Adult, I, Industrialized)

Walter, Kristen, PhD1; Kohen, Casey, MA1; McCabe, Cameron, PhD1; Watrous, Jessica, PhD1; Campbell, Justin, PhD2; Thomsen, Cynthia, PhD1
1Naval Health Research Center, San Diego, California, USA
2Naval Medical Center San Diego, San Diego, California, USA

Residential posttraumatic stress disorder (PTSD) treatment outcome research has predominantly focused on the U.S. veteran population, whereas limited research exists for active duty service members. This study evaluated outcomes among service members who received treatment in the Department of Defense’s only residential PTSD program, Overcoming Adversity and Stress Injury Support (OASIS). Over a five-year period, 304 male service members with combat-related PTSD received treatment in the program. Service members completed an initial assessment and weekly PTSD and depression self-report measures during the 10-week program. Multilevel modeling results demonstrated statistically and clinically significant reductions in PTSD and a statistically significant decrease in depression symptoms; however, a sizeable minority continued to retain symptoms at diagnostic levels. On average, participants reported a 0.80 point reduction on the PTSD Checklist (B = -0.80, p < .001) and a 0.10 point decrease on the Patient Health Questionnaire-8 for each additional week of treatment (B = -0.12, p < .01). Symptoms across time were predicted by pre-treatment symptom scores, but not by any treatment or service-related variables. Service members who received residential treatment in the OASIS program experienced significantly reduced symptoms, with greater improvements in PTSD than depression symptoms.

Maintenance of Gains Following an Intensive Outpatient Program for PTSD
(Clin Res, Anx-Depr-Mil/Vets, Adult, I, Industrialized)

Burton, Mark, PhD1; Black, Kathryn, MPH1; Maples- Keller, Jessica, PhD1; Rauch, Sheila, PhD, ABPP2; Rothbaum, Barbara, PhD, ABPP1
1Emory University School of Medicine, Atlanta, Georgia, USA
2Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia, USA

Prolonged Exposure (PE) is a highly effective treatment for Posttraumatic Stress Disorder (PTSD; Powers et al., 2010). However, dropout is common, especially for Veterans (Kehle-Forbes, et al., 2014). The Emory Healthcare...
Veterans Program has developed an intensive outpatient program (IOP) that provides PE in a massed, 2-week format for Veterans and Service Members. Veterans diagnosed with PTSD demonstrated large reductions in PTSD symptoms after 2 weeks (n = 163; d = 1.40) and maintained gains at 3 months (n = 51; d = 0.99). No Veteran showed reliable worsening at three months compared to baseline. However, a minority of Veterans (11/51; 22%) showed reliable increase in symptoms (> 17.52) from post-treatment to follow-up. Compared to Veterans who maintained their gains, those who did not reported significantly higher baseline (M-diff=11.60; t=2.12, p=.04), but lower post-treatment PTSD severity (M-diff=11.98; t=2.94, p=.005). Demographic variables (e.g., age, gender, minority-status, marriage-status) did not predict non-maintenance of gains, nor did baseline or post-treatment depression (all ps ns). Additional potential predictors will be examined, including baseline and post-treatment psychophysiological indicators. This study demonstrates that IOP for PTSD is an effective intervention. A minority of responders may need additional support to maintain their gains fully.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Berkeley/Clarendon

Along the Continuum: When Higher-Level PTSD Care is Needed for Recovery

Reductions in Suicidal Ideation across Residential PTSD Treatment: The Roles of Thwarted Belongingness and Perceived Burdensomeness

Blain, Rachel, MA1; Pukay-Martin, Nicole, PhD2; Martin, Colleen, PhD3; Chard, Kathleen, PhD4
1Cincinnati VA Medical Center, Trauma Recovery Center, Fort Thomas, Kentucky, USA
2Cincinnati VA Medical Center, Trauma Recovery Center, Cincinnati VAMC, Cincinnati, Ohio, USA
3Cincinnati VA Medical Center, Trauma Recovery Center, Cincinnati, Ohio, USA
4Cincinnati VA Medical Center, Cincinnati, Ohio, USA

The U.S. Department of Veterans Affairs (VA) recently declared suicide prevention as its top priority (U.S. Department of Veterans Affairs, 2018). The interpersonal psychological theory of suicide (Joiner, 2005) provides one way to conceptualize suicidality in the Veteran population based on perceived burdensomeness (PB) and thwarted belongingness (TB). The current study investigated a) whether suicidal ideation decreases across residential PTSD treatment; b) whether change in PTSD symptoms and change in posttraumatic cognitions, particularly negative cognitions about self, predict change in suicidal ideation; and c) whether these relationships are explained by change in PB and TB. Participants were Veterans diagnosed with PTSD (N = 107) who completed residential cognitive processing therapy (CPT) at a VA medical center. Results indicate that suicidal ideation significantly decreased across treatment, t(106) = 3.75, p < .001. Change in PTSD symptoms significantly predicted change in suicidal ideation (β = .18, p < .001), change in negative cognitions about self predicted change in suicidal ideation (β = .50, p < .001), and change in PB but not TB mediated these relationships in separate models. Findings suggest that CPT may be uniquely equipped to alleviate suicidality through the restructuring of thoughts, particularly beliefs that one is a burden to others.
Tapping a Valuable Resource: Using Existing Research and Service Data to Advance Our Understanding of Child Posttraumatic Stress

Kassam-Adams, Nancy, PhD
Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Existing data are a rich but often untapped resource for the traumatic stress field. Pooled research data from existing studies can provide larger and more heterogeneous samples for analysis, enhancing generalizability of findings and allowing greater exploration of the impact of diversity (i.e. across countries, gender, ethnicity, trauma type) on results. Data drawn from the records of service systems that see trauma-exposed individuals can illuminate not only the impact of trauma but also the ways in which systems respond. However, the use of existing data presents its own challenges - from data acquisition to data preparation to analysis/interpretation. This symposium brings together projects that have successfully navigated these challenges and have used existing research or service data to examine key questions related to child posttraumatic stress (PTS). Betty Lai will present integrative data analyses that examined trajectories of child PTS symptoms, using pooled data (N=1653) from four landmark studies of hurricane-exposed children in the US. Anke de Haan will describe the results of network analyses of child PTS and depression symptoms together with posttraumatic cognitions, using an international dataset (N=2313) drawn from 17 child trauma studies in eight countries. Rachel Hiller will present secondary analyses of social care service data in the UK for over 500 young people in out-of-home care, mapping the development and trajectory of mental health difficulties over the three years after young people enter care and how services respond to these difficulties. Finally, Glenn Saxe will describe implementation of integrated analyses for prediction and identification of promising PTS interventions in large datasets using machine learning methods, highlighting the risk of missing hidden common causes when only a small subset of truly causal variables are included in a given analysis. The symposium will discuss and illustrate both the promise and the challenges of using existing data sources, and how this relates to the growing movement toward data sharing, data preservation, and data re-use in the larger scientific arena.

Symposium
Friday, November 15
9:45 AM to 11:00 AM
Dartmouth/Exeter
Dysfunctional posttraumatic cognitions (PTCs) appear to play an important role in the development and persistence of posttraumatic stress disorder (PTSD) in children and adolescents. However, many studies are limited by sample size and homogeneity of trauma type. Larger samples are needed to generalize findings and to answer research questions (e.g. their function within diagnostic frameworks) we are not able to investigate with single studies. We compiled the CPTCI International Data Set including 2313 children and adolescents aged 6 to 18 years exposed to trauma. A network analysis was conducted to assess central items and relations between constructs in a network
model including dysfunctional PTCs, ICD-11 PTSD core symptoms, and depression symptoms. The PTSD re-experiencing symptoms strong or overwhelming emotions and strong physical sensations and the depression symptom difficulty concentrating emerged as most central. Items from the same construct were more strongly connected with each other than with items from the other constructs. Both dysfunctional PTCs and PTSD had a stronger connection to depression than to each other. Our findings provide support that the core PTSD approach in ICD-11 could help to disentangle PTSD, depression, and dysfunctional PTCs. Comparing the network structure of dysfunctional PTCs in regard to age, sex, or trauma type might be promising.

Symposium  
Friday, November 15  
9:45 AM to 11:00 AM  
Dartmouth/Exeter

Tapping a Valuable Resource: Using Existing Research and Service Data to Advance Our Understanding of Child Posttraumatic Stress

The Development of Emotional and Behavioural Difficulties in Children in Out-of-Home care: Evidence from Social-Care Service Data  
(Pub Health, CPA-CSA-Chronic-Clinical Practice, Child/Adol, M, Industrialized)

Hiller, Rachel, PhD  
University of Bath, Bath, United Kingdom

Children who have been removed from their family home and placed in out-of-home care represent a particularly vulnerable group of youth. Most have been exposed to significant maltreatment and mental health problems are high. Yet, we know little about the development of psychological difficulties in this group once they enter care, including potential windows for prevention. In England, foster carers complete a yearly SDQ, which measures emotional and behavioural difficulties. Across multiple English Local Authorities we have used this existing data to map the psychological profiles of over 500 young people, over their first 3-years in care. We also explored key predictors (e.g., maltreatment history) and consequences (e.g., placement instability) of these trajectories; as well as how mental health services are responding. Findings show that a large proportion entered care with existing significant psychological difficulties that actually worsened over time, and led to far greater placement instability, highlighting the need for more intensive early support. Access to mental health services was also alarmingly poor. Discussion will focus on what findings mean for social-care and clinical practice, including the timing of interventions, and also discuss the opportunities and challenges of working effectively with this type of data.
Application of Machine Learning Methods to Existing Data on Risk for Posttraumatic Outcomes  
(Res Meth, Prevent, Lifespan, M, N/A)

Saxe, Glenn, MD  
*New York University Langone Medical Center, New York, New York, USA*

PTSD and other posttraumatic outcomes have complex etiologies that include many factors other than trauma exposure (e.g., genomic, neurologic, developmental, social, behavioral). Information on many of these factors is contained within existing data sets and such data sets, therefore, offer tremendous opportunities to clarify etiologic processes and predict posttraumatic outcomes. This presentation reviews methods designed to build accurate predictive models from information within existing data sets and – for the purposes of etiological discovery – to rigorously exclude plausible common causes (i.e., confounds) between observed risk and outcome variable associations. Methods of Machine Learning (ML) predictive and causal modeling will be introduced and research applying these methods to several existing data sets will be described. These studies demonstrate the utility of these methods for accurately predicting posttraumatic outcomes and clarifying causal factors in cohorts of traumatized adults and children. Finally, application of causal modeling methods to address the significant problem entailed by hidden common causes will be reviewed. Hidden common causes pose considerable risk to undermine the veracity of findings on etiology, when only a small subset of possible etiologic factors is considered in a data analysis. This problem can be addressed with methods described.

**Symposium**  
**Friday, November 15**  
**9:45 AM to 11:00 AM**  
**Dartmouth/Exeter**

Tapping a Valuable Resource: Using Existing Research and Service Data to Advance Our Understanding of Child Posttraumatic Stress

**Child Trajectories of Posttraumatic Stress after Disasters: An Integrative Data Analysis Study**  
(Assess Dx, Acute-Nat/Dis-Pub Health, Child/Adol, M, Industrialized)

Lai, Betty, PhD
1; La Greca, Annette, PhD
2; Kelley, Mary Lou, PhD
3; Brincks, Ahnalee, PhD
4; Colgan, Courtney, MA PhD Student
1

1*Boston College, Boston Massachusetts, USA*  
2*University of Miami, Coral Gables, Florida, USA*  
3*Louisiana State University, Baton Rouge, Louisiana, USA*  
4*Michigan State University, East Lansing, Michigan, USA*

Natural disasters present a significant threat to the health and wellbeing of children. Disaster management experts advocate that stepped care models of intervention are needed to address children’s mental health needs after disasters. However, a critical barrier to implementing stepped care models is that there is a paucity of information on how and why children differ in their posttraumatic stress symptom (PTSS) patterns (i.e., trajectories) after disasters. Thus, it is not clear how to stratify children based on their risk for persistent PTSS. This presentation will describe how we used Integrative Data Analysis to overcome the limitations of drawing conclusions from individual studies focused on children’s mental health outcomes after disasters. We integrated data from landmark studies of children’s reactions to four of the most costly disasters in U.S. history (Hurricanes Andrew, Charley, Katrina, and Ike), using 3,245 observations of 1,653 children aged 6 to 16 years, assessed from 3 to 25 months postdisaster. We identified 136
four trajectories of children’s PTSS trajectories over time: chronic, high declining, resilient, and recovering. Risk and protective factors associated with increased likelihoods of children falling in each trajectory will be discussed. Results will provide guidance for early identification of children at higher risk of persistent PTSS.

Panel Presentation
Friday, November 15
9:45 AM to 11:00 AM
Salon J/K

Targeting Patient-Centered Resilience Factors that Drive Posttraumatic Adaptation and Thriving
(Clin Res, Clinical Practice-QoL-Pub Health-Theory, Lifespan, I, Global)

Smith, Andrew, PhD1; Benight, Charles, PhD2; Ghafoori, Bita, PhD3; Olff, Miranda, PhD4; Dyb, Grete, MD PhD5

1University of Utah/V A Salt Lake City Healthcare System, Salt Lake City, Utah, USA
2UCCS, Psychology Department, Colorado Springs, Colorado, USA
3California State University, Long Beach, Long Beach, California, USA
4Academic Medical Center and Association of Dutch Burn Centres, Amsterdam, Netherlands
5Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

The DSM-derived, syndrome-focused era of clinical science has resulted in failure to rigorously consider resilience and wellness factors as mechanisms and outcomes in trauma interventions (Benight, 2012; Hoffman & Hayes, 2018). Several decades of research have demonstrated specific limitations of PTSD syndrome-focused treatments, including low engagement, high drop-out, and limited response rates (Elbogen et al., 2013; Goetter et al., 2015; Steenkamp, Litz, Hoge, & Marmar, 2015; Watts et al., 2014). The current panel focuses on resilience/wellness factors that should serve as key mechanisms and outcomes in trauma therapies. We will make brief use of original data to identify four foundational resilience factors as critical explicit intervention targets (i.e., coping self-efficacy, social functioning, physical health, and socio-environmental-contextual factors; Benight & Bandura, 2004; Holt-Lunstad, Robles, & Sbarra, 2017). The majority of the panel will involve structured discussion of methodological, clinical, and systemic issues involved in targeting these resilience/wellness factors. The discussion will be organized around burgeoning Process Based Therapy theory and methods (Hofmann & Hayes, 2018), which posits that full engagement in the trauma recovery process will be facilitated by improving core capacities and non-pathology functions defined by individual patients.
Panel Presentation  
Friday, November 15  
9:45 AM to 11:00 AM  
Provincetown  

Translating Psychotherapy Best Practices into Community Interventions: Global perspectives  
(Commun, Cul Div-Global-Refugee-Train/Ed/Dis, Lifespan, I, Global)  

D’Andrea, Wendy, PhD; Khedari, Vivian, PhD Candidate; Bergholz, Lou, BS; Yacevich, Ilya, LMFT; Conibear, Tim, BSc  
1New School for Social Research, New York, New York, USA  
2Edgework Consulting, Boston, Massachusetts, USA  
3Global Trauma Project, Nairobi, Kenya  
4Waves for Change, Muzienberg, Cape Town, South Africa  

As the field of traumatic stress turns its attention towards disseminating trauma-informed interventions in global settings, the global mental health field has reciprocally worked to integrate trauma-informed care into psychosocial interventions. This panel, presented by four trauma-informed psychosocial program developers, describes the common elements of community-based programs working with children and adults in high-stress areas including Gaza, South Sudan, South Africa, and Jordan. Presenters will describe a) the basic science and intervention research that informs their approaches; b) conceptualizations of posttraumatic stress applicable to their settings; c) how to contextualize trauma-informed psychotherapeutic practice for community settings; d) elements of trauma-informed psychotherapies that are difficult to integrate within community global mental health settings. Participants will also identify the needs of global interventions from the research and clinical milieus in order to maximize utility and reach of global interventions.

Workshop Presentation  
Friday, November 15  
9:45 AM to 11:00 AM  
Fairfield  

Modeling to Learn: Using Simulation to Optimize Local Clinic Implementation of Evidence-Based Psychotherapy  
(Res Meth, Depr-Sub/Abuse-Train/Ed/Dis-Mil/Vets, Prof, M, Industrialized)  

Zimmerman, Lindsey, PhD; Holbrook, Andrew, BS; Rust, Tom, PhD  
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, Menlo Park, California, USA  
3Veterans Health Administration, Office of Health Care Transformation, VA Boston Healthcare System, Boston, Massachusetts, USA
Despite training providers to deliver evidence-based psychotherapies (EBP) for PTSD, such as prolonged exposure and cognitive processing therapy, reach of EBP among VA patients remains low. To improve EBP access, the National Center for PTSD developed a simulation-learning program designed to help frontline teams identify locally tailored EBP improvement strategies (Zimmerman et al., 2016). We piloted participatory system dynamics (PSD) for improving EBP reach based on effectiveness in business and engineering (Sterman, 2006). Preliminary statistical process control analyses indicate pilot clinics demonstrated a three standard deviation increase in EBP reach and maintained improvement for 12 and 8 months. From our pilot, we developed a national VA program entitled, Modeling to Learn (MTL). This workshop will demonstrate the MTL program for improving local EBP implementation. We will present simulation experiments for different VA clinics, highlighting how simulation helps staff optimize local care. The target audience includes clinicians and researchers familiar with the challenges of delivering evidence-based psychotherapy in any health care system. Co-facilitators will introduce participatory system dynamics theory and Modeling to Learn pilot findings, demonstrate Modeling to Learn simulation, and review ways to access free, open-science, Modeling to Learn resources.

Oral Paper Presentation
Friday, November 15
9:45 AM to 11:00 AM
Suffolk

Flash Talks Session Three

Understanding the Link between Trauma Exposure and Adolescent Offending: The Role of Specific Posttraumatic Reactions
(Assess Dx, Dev/Int-Social, Child/Adol, M, Industrialized)

Modrowski, Crosby, MS, PhD Student¹; Chaplo, Shannon, PhD²; Kerig, Patricia, PhD³; Mendez, Lucybel, BA/BS⁴
¹Alpert Medical School of Brown University, Division of Clinical Psychology, Department of Psychiatry and Human Behavior, Providence, Rhode Island, USA
²Duke University, chapel Hill, North Carolina, USA
³University of Utah, Department of Psychology, Salt Lake City, Utah, USA
⁴University of Utah, Salt Lake City, Utah, USA

Previous research suggests an association between trauma exposure, posttraumatic stress symptoms (PTSS), and adolescent offending behavior (Kerig & Becker, 2010). However, few studies have investigated the relations among specific types of trauma exposure (TE), distinct PTSS, and offending. We examined direct and indirect effects among TE, PTSS clusters, and offending. Four hundred and three detained youth (75% boys, 54% ethnic minority, Mage=16) completed self-report measures of TE, PTSS, and self-reported offending. Structural equation modeling was used to test direct and indirect effects among the study variables. Results demonstrated direct effects between offending behavior and avoidance, B=.36, p=.001, and risky behavior symptoms, B=.63, p<.001. Additionally, results demonstrated indirect effects between interpersonal TE and offending behavior through risky behavior (Criterion E2), B=.12, p=.007. There were also significant indirect effects linking noninterpersonal TE and offending behavior through risky behavior, B=.13, p=.003, and avoidance, B=.10, p=.02. In line with previous research and theory (e.g., Zhou et al., 2017, Kerig, in press), these results suggest that risky behavior and avoidance symptoms are particularly implicated in relation between TE and offending behavior, which has important implications for assessing and treating traumatized youth.
A Test of a Resilience Based Intervention for Mental Health Problems in Iraqi Internally Displaced Person Camps
(Clin Res, Global-Refugee-Civil/War, Lifespan, M, M East & N Africa)

Lancaster, Steven, PhD1; Gaede, Carl, MSW2
1Bethel University, St Paul, Minnesota, USA
2Tutapona,

The mental health needs of those in internally displaced persons (IDP) camps is an area with both significant need and significant barriers (Naboureh, 2016; Quosh et al., 2013). Traditional methods of mental health care are often not feasible in IDP camps, and thus alternative interventions are needed that can be implemented within these environments. We will introduce GROW, a novel resilience-focused and strengths-based intervention that meets the needs of IDP camps by relying on a group format and is administered by paraprofessionals. The present study examines a pilot of this intervention in 766 displaced Iraqis, living in one of four IDP camps. The data include symptoms of PTSD collected pre-intervention, post-intervention (after two weeks of daily meetings) and at follow-up approximately 12 weeks post-intervention. The results indicate significant decreases in symptoms of PTSD for participants from pre- to post-intervention and demonstrates these reductions were maintained at a three-month follow-up. The results indicate both that this intervention is feasible to administer within IDP camps as well as providing initial evidence that it reduces symptoms of distress.

A Prospective Analysis of PTSD, Cardiovascular Disease, and Mechanisms: The Mind Your Heart Study
(Bio Med, Bio Med-Illness-Mil/Vets-Epidem, Adult, I, Industrialized)

Cohen, Beth, MD, MAS; Neylan, Thomas, MD; Ryder, Annie, BA; Whooley, Mary, MD
San Francisco VA Medical Center and UCSF, San Francisco, California, USA

Patients with PTSD are at increased risk of developing cardiovascular disease (CVD), leading to decreased quality of life, impaired function, and early mortality (Edmondson et al., 2013). However, some have questioned whether the association is truly causal and the mechanisms linking PTSD and CVD remain unclear. To prospectively evaluate the association of PTSD and CVD, we recruited 746 patients from San Francisco area Veterans Affairs Medical Centers between 2008 and 2010 to participate in a longitudinal cohort. At baseline, we assessed PTSD with the CAPS and measured multiple potential biological, behavioral, and psychosocial mediators. We contact participants annually by telephone to inquire about CVD events, including myocardial infarction, revascularization, unstable angina, stroke, and congestive heart failure. All potential events are adjudicated by two physicians blinded to PTSD status. Over a mean of 7 years of follow up, we found patients with PTSD has significantly more prospective CVD events (HR 1.74, p <.001). In models examining mediation, these associations were explained by a combination of traditional CVD risk factors and health behaviors. This study provides longitudinal evidence supporting PTSD as a causal risk factor for cardiovascular disease. Targeting known risk factors and promoting lifestyle modification could decrease CVD risk in patients with PTSD.

Low Resolution Electromagnetic Tomography (LORETA) Real-Time Z-score
Training in the Treatment of Danish Veterans with Hyperarousal Dominated Post-Traumatic Stress Symptoms: A Feasibility Study

Andersen, Søren, PhD¹; Karstoft, Karen-Inge, PhD, MSc¹; Theodorsen, Maya, MPsych¹; Eskelund, Kasper, PhD, MSc²
¹Research and Knowledge Center, The Danish Veteran Center, Ringsted, Denmark
²Danish Veteran Centre, Ringsted, Denmark

About 40% of patients with post-traumatic stress disorder fail to show clinically meaningful symptom reduction from current evidence-based psychological and pharmacological interventions. Thus, they are at risk for chronic disability. In this study, 20 treatment-resistant veterans with pronounced hyperarousal symptoms received up to 30 sessions of low resolution electromagnetic tomography z-score neurofeedback (LFBz) training. Protocols were individually tailored to each patient. Common for all protocols was the focus on the modification of neural activity both within and between prefrontal, cingulate, and limbic regions, which included Brodmann areas 11, 24, 32, 33, and 47. Through targeting these specific anatomical regions as well as their connectivities, we aimed to reduce fear responses and threat sensitivity in the behavioral domain. Baseline resting EEG was collected upon enrollment in the study as well as before each LFBz session. PTSD, depression and anxiety levels were assessed every 10th session. We present findings showing associations between the degree of normalization of brain activity and connectivity and self-reported decreases in symptomatology. These preliminary results support the feasibility of low resolution electromagnetic tomography z-score neurofeedback training for PTSD and suggest that larger, well-controlled studies of efficacy are warranted.

Flash Talks Session Three

Pre-Treatment Psychotherapy is Associated with Increased Initiation and Reduced Dropout from CPT and PE for Veterans with PTSD Entering Mental Health Treatment in the VA
(Practice, Clin Res-Clinical Practice-Cog/Int-Complex, Adult, M, Industrialized)

Wolfe, William, MD¹; Maxwell, Susan, PsyD²; Metzler, Thomas, MA²; Staudenmeyer, Anna, PhD, PsyD²; Maguen, Shira, PhD¹; Neylan, Thomas, MD³
¹Veterans Affairs Medical Center, San Francisco VA Medical Center, San Francisco, California, USA
²San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA
³San Francisco VA Medical Center and UCSF, San Francisco, California, USA

Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE), Trauma-Focused Therapies (TFTs) for PTSD, have low initiation and high dropout in the VA system. We assessed the impact of pre-TFT individual (PTIP) and group psychotherapy on CPT/PE initiation and dropout in a national sample of veterans entering care. We included veterans who had ≥3 mental health visits with a diagnosis of PTSD following ≥18 months without care (N=125,033) from 10/1/14-9/30/16 (when trackable CPT/PE chart templates were implemented). Initiation of both CPT and PE increased with number of PTIP visits from 4% and 2% (0-6 visits) to 21% and 8% (13-18), and 32% and 14% (31-36). Dropout (defined as <8 TFT visits) reduced as PTIP visits increased, from 79% and 82% (0-6 visits) to 47% and 53% (13-18), and 31% and 38% (31-36). After adjusting for PTIP visits, group pre-treatment had minimal effect on initiation or dropout. Importantly, veterans who received PTIP in PTSD clinics had increased initiation and reduced dropout compared to those in non-PTSD clinics: CPT/PE dropout was 49%/58% for 7-12 visits in PTSD clinics (vs. 68%/68% in non-PTSD clinics), and 20%/31% for 13-18 visits (vs. 45%/48%). All effects were significant (p<0.001). PTIP is associated with increased initiation and decreased dropout from CPT/PE in a large national VA sample, with stronger effects seen for PTIP provided in PTSD clinics.
Flash Talks Session Three

Trajectories of Posttraumatic Stress Symptoms in U.S. Military Veterans: A Seven-Year, Nationally Representative, Prospective Cohort Study
(Pub Health, Mil/Vets-Epidem, Adult, M, Industrialized)

Mota, Natalie, PhD; Cook, Joan, PhD; Smith, Noelle, PhD; Tsai, Jack, PhD; Southwick, Steven, MD; Pietrzak, Robert, PhD
1University of Manitoba, Winnipeg, Manitoba, Canada
2Yale School of Medicine, West Haven, Connecticut, USA
3VA Northeast Program Evaluation Center, VA Connecticut Healthcare System (182), West Haven, Connecticut, USA
4Yale University School of Medicine; VA Connecticut Healthcare System, West Haven, Connecticut, USA
5National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA

Objective: The current study examined determinants of PTSD symptom trajectories in a nationally representative, prospective cohort of U.S. military veterans. Methods: Data were analyzed from 2,307 veterans who participated in the National Health and Resilience in Veterans Study. Latent growth mixture modeling (LGMM) was used to identify trajectories over four waves (2011, 2013, 2015, 2018). Determinants of symptomatic trajectories were examined. Results: PTSD symptoms were characterized by three trajectories: No/Low (89.2%), Moderate Symptom (7.6%), and High Symptom (3.2%). Relative to the No/Low Symptom trajectory, symptomatic trajectories were predicted by greater trauma exposure, lifetime psychiatric history, greater physical health difficulties (relative risk ratio [RRR] range=1.20-5.00), and lower scores on social connectedness (RRR range=0.22-0.46). Veterans in the High PTSD Symptom trajectory also scored lower on a measure of protective psychosocial factors (RRR=0.55). Relative to those in the Moderate Symptom trajectory, veterans in the High Symptom trajectory were more likely to be combat-exposed, had greater trauma exposure, and had more physical health difficulties and psychiatric history (RRR range=1.14-3.05). Conclusions: Prevention and treatment efforts targeting modifiable factors such as social connectedness may mitigate PTSD risk for symptomatic individuals.

Predicting Normative and Pathological Growth in Dissociative Symptoms from Early to Middle Childhood
(Clin Res, Affect/Int-Assess Dx-Complex-Dev/Int, Child/Adol, M, Industrialized)

Linde-Krieger, Linnea, LCSW; Yates, Tuppett, Professor
University of California, Riverside, Riverside, California, USA

Dissociative tendencies are believed to decline across childhood (Putnam, 1995), and the absence of normative decline or an increase in dissociative symptoms may reflect development of pathological dissociation (Carlson et al., 2009). Recent theory suggests anomalous parenting, including hostility and helpless state of mind (SOM), plays an etiologic role in dissociative processes (Lyons-Ruth, 2015). This study used latent growth curves to model change in dissociative symptoms from ages 5-8 in a large and diverse community sample (N=213; 48% female; 89% minority). Further, we evaluated whether insensitive parenting and helpless SOM predicted changes in dissociation. Growth in dissociation was indicated by a composite measure of dissociation at ages 5, 6, 7, and 8, observations of insensitive parenting (hostility, intrusion, low support) were rated at age 4, and caregivers self-reported helpless SOM at age 5. Results confirmed a linear decrease in dissociative symptoms from ages 5 to 8. Insensitive parenting predicted higher initial levels of dissociative symptoms and helpless SOM predicted slower decreases in dissociative symptoms. This novel evaluation of dissociative growth patterns provides support for the theoretical prediction of
declining dissociative symptoms from early to middle childhood and implicates anomalous parenting behavior in the development of dissociation.

Flash Talks Session Three

Understanding Relations between Trauma Exposure and Post Traumatic Stress Symptoms among Somali Refugees through Network Analysis
(Assess Dx, Refugee-Res Meth, Adult, M, Industrialized)

Gillespie, Sarah, BA; Wasil, Akash, BA; Cardeli, Emma, PhD; Ellis, Heidi, PhD

1Children's Hospital Boston, Boston, Massachusetts, USA
2Department of Psychology, Harvard University, Cambridge, Massachusetts, USA
3Children's Hospital Center for Refugee Trauma & Resilience/Children's Hospital Boston, Boston, Massachusetts, USA

Background: Exposure to traumatic events during migration and resettlement places refugees at risk for development of posttraumatic stress reactions (Fazel et al., 2012). The present study is the first to use a network approach to visualize and analyze the relations between traumatic exposure and associated symptoms in a community sample of resettled young adult refugees.

Methods: Somali refugees (N=322; age 18-30; 34.8% female) were interviewed in five North American cities. The network structure and centrality of 18 traumatic events from the War Trauma Screening Scale and 16 symptom questions from the Harvard Trauma Questionnaire were analyzed using the qgraph package of R studio.

Results: Expected influence centrality represents the sum of all edge weights connected to a given node. Avoidance of trauma-related thoughts or feelings (EV=1.27), avoidance of activities (EV=1.14), and reactivity (EV=1.12) had the greatest expected influence on the network, while traumatic events had a modest expected influence.

Conclusions: The network approach offers novel insights into the relations between traumatic events and associated symptoms for young adult refugees, highlighting potentially important targets for intervention. Future work should explore whether interventions targeting central symptoms most effectively disrupt causal networks of symptoms.

Flash Talks Session Three

The Effects of Differential Patterns of Trauma Exposure on Family Relationships and Psychopathology among Adolescent Girls
(Clin Res, CPA-Comm/Vio-Depr-Fam/Int, Child/Adol, I, Industrialized)

Alto, Michelle, PhD Candidate; Handley, Elizabeth, PhD; Todd Manly, Jody, PhD; Cicchetti, Dante, PhD; Toth, Sheree, PhD

1Mt. Hope Family Center, Rochester, New York, USA
2University of Rochester, Rochester, New York, USA
3University of Rochester, Mt. Hope Family Center, Rochester, New York, USA
4University of Minnesota, Institute of Child Development, Minneapolis, Minnesota, USA

Distinct patterns of trauma exposure may confer differential risk for family relationships and psychopathology in adolescents. Participants included 170 adolescent girls (ages 13-16) from low-income families. Latent Class Analysis (LCA) identified three patterns of trauma exposure: 1) community violence and loss (48%), 2) pervasive trauma and maltreatment (21%), and 3) low trauma (31%). The maltreatment group had significantly greater ratings of poor family support (χ2(2)=35.497, p<.001) and family conflict (χ2(2)=31.654, p<.001) than the violence or low trauma groups. Similarly, the maltreatment group had the highest ratings of anxiety symptoms (χ2(2)=25.905, p<.001) and depressive symptoms (χ2(2)=19.648, p<.001) compared to the violence and low trauma groups. Rule-breaking behavior was equally elevated in the maltreatment and violence groups and significantly higher than in the
low trauma group ($\chi^2(2)=11.2, p<.01$). Results suggest maltreatment has a unique effect on family relationships, anxiety, and depression compared to other kinds of trauma. Risk for rule-breaking behavior appears to increase with exposure to maltreatment, community violence, and loss. Future steps include examining family relationships as a mediator between patterns of trauma exposure and psychopathology. Results have implications for interpersonal therapy with maltreated girls.

**Flash Talks Session Three**

**Evaluation of Closing Gaps in the Early Intervention System: The Opioid Epidemic's Impact on Young Children**

(Train/Ed/Dis, CPA-Dev/Int-Neglect-Sub/Abuse, Other, I, Industrialized)

**Roley-Roberts, Michelle, PhD\textsuperscript{1}; Ramsey, Riane, BA\textsuperscript{2}; DeCarlo, Jenna, BA\textsuperscript{2}; Thomas, Jessy, BS\textsuperscript{3}; Weber, Steph, PsyD\textsuperscript{4}; Witwer, Andrea, PhD\textsuperscript{5}

\textsuperscript{1}The Ohio State University, College of Medicine, Columbus, Ohio, USA
\textsuperscript{2}The Ohio State University, Columbus, Ohio, USA
\textsuperscript{3}The Ohio State University Wexner Medical Center, Columbus, Ohio, USA
\textsuperscript{4}Cincinnati Children's Hospital Medical Center, The Kelly O'Leary Center for Autism Spectrum Disorders Division of Developmental & Behavioral Pediatrics, Cincinnati, Ohio, USA
\textsuperscript{5}Wexner Medical Center, The Ohio State University, Columbus, Ohio, USA

The U.S. opioid epidemic has led to increased rates of neonatal abstinence syndrome (NAS) among infants exposed to opioids in utero and risk for many childhood traumatic events (Patrick et al., 2012, Saia et al., 2016). An online training module on best practices for NAS, developmental monitoring, and trauma-informed care in Ohio was developed to help prepare the early intervention (EI) system to adequately assist these vulnerable children. The objective was to evaluate this training. Pre- and post-training knowledge and characteristics, including county and knowledge of in utero exposure and adverse childhood events (ACES), were collected for 1,932 providers. Provider awareness of children’s in utero exposure was associated with ACES awareness ($r = .47, p <.001$). Provider awareness of ACES did not differ by opioid overdose rates in the county where providers reside ($X^2 = 42.81, p = .755$); however, provider awareness of in utero exposure was much lower in counties with moderate to moderately high overdose deaths ($X^2 = 47.19, p < .001$). Provider knowledge improved from pre-test ($M=10.17, SD=1.94$) to post-test ($M=11.26, SD=1.92$), $t(1906) = -24.59, p<.001$. Online trainings appear to help close knowledge gaps on how to help children impacted by the epidemic in the EI system. Special attention should be given to counties particularly impacted by high rates of opioid-related deaths.
Friday, November 15, 2019
Concurrent Session Six

Invited Panel
Friday, November 15
11:15 AM to 12:30 PM
Salon E/F

Developmental Adversity as a Biological Variable: Considering A Path Forward
Part Two
(Clin Res, CPA-CSA-Chronic-Pub Health, Lifespan, I, Global)

Ressler, Kerry, MD, PhD¹; Miller, Susan, MBA, MSN²; Kessler, Ronald, PhD³; McEwen, Bruce, PhD²; Teicher, Martin, MD, PhD²; Binder, Elisabeth, MD PhD²; Nemeroff, Charles, MD PhD⁵
¹Harvard Medical School, McLean Hospital (Harvard Medical School Affiliate) Belmont, Massachusetts, USA
²McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA
³Harvard Medical School, Boston, Massachusetts, USA
⁴Max Planck Inst of Psychiatry, Munich, Germany
⁵The University of Texas at Austin, Austin, Texas, USA

Part Two will examine a representative set of brain and body alterations to establish a common understanding of the kinds of alterations that have been associated with developmental adversity. What are the science gaps that can be substantially diminished by considering developmental adversity as a biological variable? Could focus on molecular and systems-wide alterations associated with developmental adversity shed light on issues such as broadly defined comorbidity, treatment resistance, and patient complexity? Could it inform a range of assessment and other issues relevant to individual and population health? Discussion will include Part One and Two panelists and chairs (Ressler, Miller, Kessler, McEwen, Teicher Binder, Nemeroff).
Symposium
Friday, November 15
11:15 AM to 12:30 PM
Salon A/B

Trauma, PTSD, and Sleep II: Examining the Relationship between Insomnia and PTSD Treatments
(Clin Res, Clin Res-Clinical Practice-Sleep-Sub/Abuse, Adult, M, Industrialized)

Colvonen, Peter, PhD1; Peterson, Alan, PhD2
1VA San Diego Healthcare System, San Diego, California, USA
2University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

Sleep disorders and posttraumatic stress disorder (PTSD) are considered independent, but co-occurring disorders. However, there is a dearth of information on how the two disorders affect each other during treatment. This symposium aims to advance understanding of the sleep/PTSD treatment relationship to help guide treatment decisions. Kim Felmingham sets the foundation, exploring REM/non-REM sleep on fear extinction, a proposed mechanism of treatment. Nicole Short will present on the effects of baseline sleep disturbances on PE dropout and symptom reduction. Peter Colvonen will detail how sleep symptoms change, over time, in a randomized control trial (RCT) of integrated alcohol use and PTSD treatments. Daniel Taylor will present an RCT examining an insomnia and nightmare treatment in conjunction with cognitive processing therapy (CPT) compared to CPT alone on PTSD and sleep symptoms. Our results indicate PTSD treatments, while not affected by baseline sleep difficulties, do not directly decrease insomnia symptoms. Addressing both disturbed sleep and PTSD in integrated treatment may be a logical and effective intervention. Our discussant, Alan Peterson, Ph.D., director of the STRONG STAR Consortium and Consortium to Alleviate PTSD, will offer global insights into the future of treating disturbed sleep and PTSD that will benefit clinicians and researchers alike.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Salon A/B

Trauma, PTSD, and Sleep II: Examining the Relationship between Insomnia and PTSD Treatments

The Impact of REM and non-REM sleep on Fear Extinction Recall in PTSD
(Bio Med, Bio Med-Bio/Int-Sleep, Adult, M, Industrialized)

Felmingham, Kim, PhD1; Nicholas, Christian, PhD2; O'Heare-Young, Sweeney, BA (Hons)2; Reynolds, Tim, BSc Hons Psychology2; Schenker, Maya, BSc Hons Psychology2; Jordan, Amy, PhD2
1University of Melbourne, Melbourne, Victoria, Australia
2School of Psychological Sciences, University of Melbourne, Parkville, VIC, Australia

Fear extinction recall is proposed as a key mechanism underlying the efficacy of exposure therapy for PTSD. This research examines the impact of REM and non-REM (NREM) sleep on fear extinction recall in PTSD. Sleep, particularly REM sleep, was found to consolidate emotional memory and to facilitate fear extinction in healthy controls. Only a handful of studies have examined the impact of sleep on fear extinction recall in PTSD. This study...
employed a split-night protocol in trauma-exposed participants to examine the relative impact of REM/NREM sleep on fear extinction recall, and will examine if this relationship is moderated by PTSD symptom severity. In this study, 25 trauma-exposed participants had their usual sleep tracked with actigraphs across 7 nights, and then completed a 2-day fear conditioning and extinction paradigm. After the fear conditioning and extinction learning day, participants were randomized into three conditions: normal sleep, predominant NREM sleep (sleep deprivation in the last half of the night), or predominant REM sleep (sleep deprivation in the first half of the night), they then completed a fear extinction recall test phase following a recovery night of sleep. Analyses revealed an association between REM sleep and greater fear extinction recall. This research suggests that REM sleep quality influences mechanisms thought to underlie exposure therapy.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Salon A/B

Trauma, PTSD, and Sleep II: Examining the Relationship between Insomnia and PTSD Treatments

Do Sleep Disturbances Interfere with the Completion and Effectiveness of Prolonged Exposure for PTSD?
(Practice, Sleep-Mil/Vets, Adult, M, Industrialized)

Short, Nicole, MS1; Myers, Ursula, PhD2; Keller, Stephanie, PhD3; Wangelin , Bethany, PhD3
1Medical University of South Carolina, Charleston, South Carolina, USA
2Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA
3Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

Despite sleep disturbances relating to Prolonged Exposure (PE) mechanisms, there is mixed evidence on whether poor sleep interferes with PE outcomes. We tested whether insomnia or nightmares at intake predicted completion or effectiveness of PE. Participants were 143 veterans in outpatient PE at a VA Medical Center (Msessions=9). Participants were mostly men (86%), Mage=45. Veterans were of Iraq and Afghanistan (54%), Desert Storm (31%), and Vietnam (15%). The PTSD Checklist (PCL-S) was completed at intake and termination. PCLs were summed without items 2 and 13, which were used to index nightmares and insomnia. Clinicians reported whether veterans completed PE (i.e., mutual termination; 74% completed). ANOVAs revealed no differences between completers and non-completers in intake nightmares (F(2, 132)=4.78, p=.462) or insomnia (F(2, 132)=.16, p=.988). Neither severity of insomnia (β<.01, SE=.09, p=.981, sr2<.01) and nightmares (β=.13, SE=.07, p=.136, sr2=.02) predicted PTSD reductions over treatment, despite large (Cohen’s d=1.48) reductions in PTSD symptoms. Veterans with comorbid insomnia and nightmares can likely complete and benefit from PE. This is promising; however, sleep disturbances are a strong motivator of treatment initiation, thus may still need to be targeted. Future research should replicate these findings in larger samples using validated sleep measures.
Trauma, PTSD, and Sleep II: Examining the Relationship between Insomnia and PTSD Treatments

Insomnia Symptoms Do Not Change Over Time in a Randomized Control Trial Comparing Integrated PTSD and Alcohol Use Disorder Treatments
(Clin Res, Clin Res-Sleep-Sub/Abuse-Mil/Vets, Adult, M, Industrialized)

Colvonen, Peter, PhD; Straus, Laura, BS; Drummond, Sean, PhD; Angkaw, Abigail, PhD; Norman, Sonya, PhD
1VA San Diego Healthcare System, San Diego, California, USA
2UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California, USA
3Monash University, Melbourne, Queensland, Australia
4National Center for PTSD, VA San Diego, UCSD, VA San Diego Healthcare System, San Diego, California, USA
5National Center for PTSD, UC San Diego, San Diego, California, USA

Posttraumatic stress disorder (PTSD) frequently co-occurs with alcohol use disorders (AUDs) in the general population and among veterans. Examining factors that affect both PTSD and AUDs, such as insomnia, may offer insight into symptom severity and AUD and PTSD treatment trajectories and inform future treatment options. This study examined changes in sleep during integrated AUD and PTSD treatment. Participants were 118 veterans randomized to integrated AUD treatment and Prolonged Exposure (COPE) or present-focused coping skills therapy (Seeking Safety; SS). Measures included CAPS-5 for PTSD, Insomnia Severity Index (ISI), sleep diary, and actigraphy. All baseline sleep measures were consistent with clinically significant insomnia (ISI M=17.46, SD=6.45; actigraphy sleep efficiency M=76%, SD=10%; actigraphy total sleep time M=367 minutes, SD=81). Despite positive changes in both PTSD and AUD symptoms from treatment, there were no changes in any sleep indices from pre- to post-treatment. The ISI showed a statistically significant but not clinically meaningful decrease (3 points, p<.001). The COPE condition showed larger changes in insomnia severity than SS; this may be due to larger PTSD decreases. These findings suggest that insomnia may be considered an independent disorder that is not responsive to integrated PTSD/AUD treatment and that requires direct intervention.

Treatment of Comorbid Sleep Disorders and PTSD
(Clin Res, Sleep-Mil/Vets, Adult, M, Industrialized)

Taylor, Daniel, PhD; Resick, Patricia, PhD, ABPP; Pruiksma, Kristi, PhD; Keane, Terence, PhD; Peterson, Alan, PhD; Williamson, Douglas, PhD

GuidestoKeywordAbbreviationslocatedonpages1-3.
(Primarykeyword,SecondaryKeywords,PopulationType,PresentationLevel,Region)
BACKGROUND: 10-18% of Service Members with PTSD also report insomnia and nightmares, which are resistant to PTSD treatments, because PTSD treatments do not address them, and predict worse PTSD treatment outcomes. There is no evidence about how best to treat individuals with all three disorders, which was the objective of this project.

METHODS: 94 active duty military and veterans with PTSD, insomnia and nightmare disorder were randomized into: Cognitive behavioral therapy for insomnia and nightmares followed by Cognitive Processing Therapy for PTSD (CBTin+CPT), CPT followed by CBTin (CPT+CBTin), CPT followed by additional CPT (CPT+CPT).

RESULTS: Preliminary results indicate the CBTin+CPT and CPT+CBTin groups had better treatment response than the CPT+CPT group on PTSD (d = -.45) and there were no differences (d = -.04) between the CBTin+CPT and CPT+CBTin group on PTSD. Results in biomarker and other domains are currently being scored or assayed and will be presented at the conference.

CONCLUSIONS: The preliminary results of this pilot study are compelling and warrant a follow-up clinical trial in military, VA and civilian populations. Results should inform clinical science on the best method of treating the 68%-93% of PTSD patients with comorbid insomnia and nightmares, the mechanisms of change and significant predictors, mediators, and outcomes of the different treatments.
Cultural Psychology Approaches to Studying Trauma and Posttraumatic Stress
(CulDiv, Assess Dx-Res Meth-Civil/War, Adult, M, Global)

Jayawickreme, Nuwan, PhD
Manhattan College, Manhattan College, Bronx, New York, USA

Over the past decade, there has been a significant increase in research conducted in traumatized populations outside the West, and in cross-cultural research comparing Western to non-Western populations. In this symposium, we address a number of key methodological issues that we believe current researchers who collect data in diverse cultural contexts and who engage in cross-cultural comparisons of traumatized populations should be aware of. These issues include 1) the concern that commonly used self-report measures of experienced trauma, posttraumatic stress symptoms (PTSS) and posttraumatic growth (PTG) are not valid across different cultural contexts; 2) the concern that cross-cultural self-administered internet data (collected through platforms such as Mechanical Turk and Qualtrics), which is becoming more widely used in psychological research and which allows one access to culturally diverse populations that were previously difficult to access, is biased by the presence of non-truthful, unmotivated, and/or deliberately malicious respondents; and 3) in the case of war-effected populations, the lack of statistical tools that allows one to identify specific clusters of daily stressors and experienced traumas that predict trauma-related anxiety and depression. The presentations in the symposium will highlight the issue of the lack of cross-cultural validity of widely used self-report measures of experienced trauma, PTSS and PTG using large data sets collected from the US and Mexico. Furthermore, methodological solutions will be presented that 1) address the issue of contaminated self-administered internet data (using data from the US and Mexico as an empirical demonstration) and 2) allows one to identify specific combinations of daily stressors and experienced traumas that predict significant trauma-related anxiety and depression (using data from Sri Lankan war survivors as an empirical demonstration).

Model-Based Screening of Internet Self-Administration Samples: Application to PTSD
(Res Meth, Epidem, Adult, M, Latin Amer & Carib)

Verkuilen, Jay, PhD1; Rasmussen, Andrew, PhD2
1City University of New York, PhD Program in Educational Psychology, New York, New York, USA
2Fordham University, Bronx, New York, USA

Many behavioral science researchers rely on self-administered internet data, particularly gathered via Qualtrics, MTurk, etc. These have many potential advantages compared to investigator-run internet or paper surveys. However, these data have important potential issues, most notable being the presence of varying types of non-
truthful, unmotivated, or “mischievous” respondents mixed with truthful ones, which, at best, adds noise and, at worst, biases substantive conclusions. Strategies such as check items or social desirability scales may be useful for detecting unmotivated respondents. However, they add length and respondent burden, may anger motivated respondents, and are often transparent to “mischievous” respondents. This in mind, we examine the screening strategy first proposed by Espelage and Robinson (2011) and Cimpian-Robinson (2014) for survey research on bullying and LGBTQ youth, respectively. We expand it using a finite mixture model approach based on important features of the data to identify potentially problematic responses. We illustrate using Qualtrics panels of Mexican and U.S. respondents (N = 2087) to trauma exposure and PTSD questionnaires. Nearly 10% of cases were identified as “potentially aberrant” using reports of trauma frequency, but there are different subtypes. Discussion focuses on the implications for online collection of trauma-related data.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Salon C/D

Cultural Psychology Approaches to Studying Trauma and Posttraumatic Stress

Do Event Checklists Really Measure Trauma Severity? Variety and Frequency of Trauma Exposure in the U.S. and Mexico.
(Res Meth, Cul Div-Epidem, Adult, M, Industrialized)

Rasmussen, Andrew, PhD¹; Romero, Sara, PhD¹; Leon, Michelle, Doctoral Student²; Morales, Priscilla, Undergraduate³; Martinez-Maganalles, Sofia, Undergraduate³
¹Fordham University, Bronx, New York, USA
²Fordham University, Department of Psychology, Bronx, New York, USA
³Fordham University, New York, New York, USA

Most trauma exposure measurement tools comprise event checklists, which ask respondents to indicate whether or not they have experienced particular types of potentially traumatic events (PTEs) and then sum these endorsements to gauge trauma exposure. However, sum of these endorsements is indicative of the variety of PTEs respondents have experienced, not number of times they have been exposed to trauma (i.e., frequency). Conceptually it makes sense that variety and frequency would be positively associated with one another, and perhaps more strongly among samples living in stressed environments like high crime areas or disaster prone regions. We present Life Event Checklist-5 data from a large sample of Mexican and U.S. participants (n = 1893) that allowed us to compare reports of variety and frequency. Variety and frequency were moderately correlated (r = .37); in other words, variety accounts for 13.54% of variance in frequency. The size of this correlation varied across localities by violent crime rate and natural disaster history. Differences were also observed between variety and frequency’s ability to predict posttraumatic stress scores (using the PCL-5). Although there are limitations to asking respondents to estimate the number of PTEs they have experienced, PTE variety is not a good proxy for a complete history of trauma exposure.
Cultural Psychology Approaches to Studying Trauma and Posttraumatic Stress

Using Association Rule Learning to Identify Profiles of Traumas and Stressful Life Events that Predict Anxiety and Depression in Sri Lankan War Survivors

Jayawickreme, Nuwan, PhD; Qin, Jiale (Etta), BA; Gandomi, Amir, PhD; Atefi, Ehsan, PhD; Jayawickreme, Eranda, PhD

1Manhattan College, Manhattan College, Bronx, New York, USA
2Stevens Institute of Technology, Hoboken, New Jersey, USA
3Wake Forest University, Winston-Salem, North Carolina, USA

Research indicates that psychological distress in war survivors is a function of both experienced trauma and stressful life events. However, a limitation of these studies is that they model trauma and stressful life events as single latent constructs and thus do not allow researchers to examine unique associations between psychological distress and specific stressful life events and traumas. Being able to identify such clusters would allow one to identify those individuals at greatest risk for psychological distress. We propose that association rule learning, a data mining technique, can be used to identify profiles of traumas and stressful life events that predict psychological distress. We demonstrate the technique by applying it to data from 337 survivors of the Sri Lankan civil war, who completed the PRPWPQ, a culturally-valid measure of experienced trauma, stressful life events, depression and anxiety. Association rule learning analysis revealed that kidnapped family members, living only for others, feeling isolated, problems using one’s limbs, war injuries, and stress due to relocation predicted clinical anxiety; the same traumas/life stressors, along with feeling ignored by society, predicted clinical depression. Association rule learning allows one to identify context-specific associations between specific traumas, stressors and psychological distress.

Cross-Cultural Comparison of PTSD and Posttraumatic Growth using Item Response Theory: Comparisons between Mexican and U.S. Participants.

Leon, Michelle, Doctoral Student; Leah Feuerstahler, Leah, PhD; Romero, Sara, PhD; Rasmussen, Andrew, PhD

1Fordham University, Department of Psychology, Bronx, New York, USA
2Fordham University, Bronx, New York, USA
Self-report assessment tools in psychology are often used in cultural groups outside of the tools’ culture of origin without investigating how members of these cultural groups typically respond to items. The objective of this research was to examine the probability of observing differential symptom endorsement of self-reported posttraumatic stress disorder (PTSD) symptoms and posttraumatic growth across five groups in a large sample of Mexican and U.S. participants (n = 1893) using item response theory (IRT) analyses. Data from the PTSD Checklist for DSM-5 (PCL-5) and the Posttraumatic Growth Inventory (PGTI) were collected from balanced proportions of Mexican indigenous and nonindigenous groups and U.S. Whites, Latinos, and African Americans (each group gender-balanced). Analyses will control for the severity of trauma exposure. Cross-national and cross-cultural comparisons (using ethnicity as a proxy for culture) in symptom endorsement will be tested to investigate general, culturally proscribed response biases and differences in the meanings of specific symptoms. This research contributes to the literature on cross-cultural clinical evaluation and may suggest revisions to commonly used assessments of PTSD and posttraumatic growth.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Berkeley/Clarendon

Computational Approaches to Characterize and Predict Posttraumatic Stress Psychopathology: Moving from the Laboratory to Scalable Technology
(Tech, Bio Med-Pub Health-Tech, Adult, I, Global)

Galatzer-Levy, Isaac, PhD1; Bryant, Richard, PhD2
1AiCure, NYU School of Medicine, New York, New York, USA
2University of New South Wales, School of Psychology, Sydney, New South Wales, Australia

There is increasing interest in the use of computationally driven technologies to identify clinical risk and characterize clinical functioning. This has particular relevance in the context of posttraumatic stress where a majority of individuals will be exposed to a criterion A traumatic event across their life course but only a minority will develop trauma related psychopathology. Similarly, technology driven solutions have the potential to be deployed remotely and rapidly on a large scale, increasing the ability to monitor risk for traumatic stress among individuals who do not have immediate access to mental health professionals. The speakers, who work across academia, technology industry, and government, will present on new approaches to define and predict clinical functioning and course based on computational methods in machine learning and artificial intelligence that are free from traditional diagnostic mile-markers. Further, these researchers will present efforts to scale new computationally driven definitions and methods in conjunction with the technology industry to develop tools and approaches to provide new, data driven, definitions and predictive approaches to health and pathology in the context of traumatic stress.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Berkeley/Clarendon

Computational Approaches to Characterize and Predict Posttraumatic Stress
Psychopathology: Moving from the Laboratory to Scalable Technology

Utilization of Machine Learning for Classification and Prediction of Post-Traumatic Stress from Qualitative Descriptions of Trauma Experiences
(Res Meth, Assess Dx-Bio Med-Tech, Adult, I, Global)

Galatzer-Levy, Isaac, PhD; Schultebraucks, Katharina, PhD
1AiCure, NYU School of Medicine, New York, New York, USA
2New York University Langone Medical Center, Department of Psychiatry, New York, New York, USA

Background: The emergence of machine learning methods, large data sources, and methods to share and access patient data across the healthcare system have provided in-roads to risk detection and intervention. The presenter will discuss empirical results based on multiple sources of data and present current thinking in AI for risk detection and prevention in the context of posttraumatic stress responses.

Methods: We will present results on prediction of posttraumatic stress course based on unstructured data sources (EMA & qualitative data) and discuss how such data sources can be integrated into healthcare payer & provider systems to improve outcomes.

Results: Results demonstrate automated coding of unstructured interview information including facial features, speech content and acoustics, and movement accurately predict posttraumatic stress course at a high accuracy (AUC >90) as do EMA data sources collected at the time of trauma in the emergency room (AUC>.85). Processes to capture, process, and provide clinical insights will further be presented.

Conclusion: AI based methods for early detection of risk and appropriate intervention hold promise to efficiently and accurately meet the needs of those exposed to trauma.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Berkeley/Clarendon

Computational Approaches to Characterize and Predict Posttraumatic Stress Psychopathology: Moving from the Laboratory to Scalable Technology

Machine Learning Prediction of PTSD Following Deployment
(Prevent, Tech-Mil/Vets, Adult, I, Industrialized)

Nissen, Lars, MD; Tsamardinos, Ioannis, Professor; Charonyktakis, Pavlos, MA MSc; Eskelund, Kasper, PhD, MSc; Andersen, Søren, PhD; Karstoft, Karen-Inge, PhD, MSc
1Research and Knowledge Center, The Danish Veteran Center, Ringsted, Denmark
2University of Crete, Heraklion, Greece
3Danish Veteran Centre, Rongsted, Denmark

Mental health problems, such as PTSD, are relatively common following military deployment to war zones. Early identification of those who will go on to develop mental health problems will help target treatment efforts for those in need. In this study, we apply and test a range of different machine learning (ML) pipelines (combinations of algorithms for feature selection, survival analysis, and their hyper-parameter values) with the purpose of 1) selecting predictive features and 2) predicting mental health problems following deployment. We demonstrate how ML can be utilized to these means in three cohorts deployed to Afghanistan in 2009, 2010, and 2013, respectively, with the purpose of predicting screening-level PTSD 2.5 and 6.5 years after deployment. Using the AutoML program Just
Add Data (JAD), we illustrate that PTSD can be accurately predicted (AUCs ranging from 0.79-0.81 [Lower bound on CI=0.70; upper bound on CI=0.83]). Having demonstrated this utility, we go on to describe how the same methods can be applied to the extensive Danish registries, paving the way for ML-based prediction of mental health problems, medication use, and death by suicide in all Danish veterans deployed between 1992 and 2014 (N≈30,000).

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Berkeley/Clarendon

Computational Approaches to Characterize and Predict Posttraumatic Stress Psychopathology: Moving from the Laboratory to Scalable Technology

Predicting Posttraumatic Mental Health Risk in Emergency Medical Settings: Development and External Validation of a Predictive Model using deep Learning
(Assess Dx, Acc/Inj-Acute-Prevent, Adult, I, N/A)

Schultebraucks, Katharina, PhD1; Shalev, Arieh, MD2; Michopoulos, Vasiliki, PhD, MSc3; Stevens, Jennifer, PhD3; Bonanno, George, PhD4; Jovanovic, Tanja, PhD5; Rothbaum, Barbara, PhD, ABPP3; Nemeroff, Charles, MD PhD6; Ressler, Kerry, MD, PhD7; Galatzer-Levy, Isaac, PhD8
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Independent of the physical health status, mental well-being of emergency department (ED) patients may be compromised in the aftermath of post-acute trauma care. Accurate prognosis of posttraumatic stress disorder (PTSD) enables targeted prevention strategies and offers care opportunities at the earliest occasion. We used a deep learning approach to analyze data collected in the ED such as immune markers, heart rate, along with immediate stress reaction and dissociation during the event to predict PTSD risk. Latent Growth Mixture Modeling (LGMM) identified longitudinal trajectories of PTSD symptom severity through 12 months after ED admission. The non-remitting PTSD symptom trajectory vs. resilient ED patients served as the outcome for the Deep Super Learning algorithm written in Python. Clinical prognosis of post-acute distress was achieved with good predictive accuracy (AUC=.83; precision=.86; recall=.85; f1-score=.85). Prognostic tests on independent longitudinal cohorts of ED patients demonstrate internal and external validity. The results demonstrate that the deep learning approach is promising for implementation into emergency medical systems. This will support predictions of mental well-being in emergency medical settings based on accessible, and readily available information and may thereby improve efficacy of early prevention strategies.
Symposium  
Friday, November 15  
11:15 AM to 12:30 PM  
Berkeley/Clarendon

Computational Approaches to Characterize and Predict Posttraumatic Stress Psychopathology: Moving from the Laboratory to Scalable Technology

Characterizing Psychopathology Using Smartphone-based Digital Phenotyping  
(Res Meth, Assess Dx-QoL-Tech-Theory, Lifespan, I, Global)

Onnela, Jukka-Pekka, DSc  
Harvard University, Cambridge, Massachusetts, USA

Background: Behavior is a difficult phenotype to study because of its temporal nature and context dependence. Traditionally it is captured using self-reports or clinician-administered instruments / exams. Both are subjective, qualitative, and typically cross-sectional; the latter is also confined to clinic / laboratory / office settings.

Methods: The ubiquity and capability of smartphones to collect social, behavioral, and cognitive data can be used to characterize psychopathology at scale using objective measurement. We have previously defined digital phenotyping as the moment-by-moment quantification of the individual-level human phenotype in situ using data from personal digital devices, in particular smartphones.

Results: I will discuss digital phenotyping and Beiwe, our scalable open source research platform for high-throughput smartphone-based digital phenotyping. I will demonstrate applications of Beiwe in mental health settings and will highlight some recent results. I will also consider some of the statistical and computational challenges in this line of research.

Conclusion: Smartphone-based digital phenotyping gives rise to temporally dense, longitudinal measurement of behavioral in naturalistic settings that could lead to more precise characterization of psychopathology, help monitor treatment, and deliver timely interventions.

Symposium  
Friday, November 15  
11:15 AM to 12:30 PM  
Arlington

Resilience in the Uniform Services - Measurement and Intervention  
(Prevent, Acute-Clin Res-Prevent-Mil/Vets, Adult, M, Global)

Greenberg, Neil, MD, MsC  
King's College London, Weston Education Centre, London, United Kingdom

Members of the uniformed services are required to work in highly challenging environments characterised by threats to self and others and they are often called upon to act rapidly in morally ambiguous situations. Whilst resilience is a term that has many definitions, most encapsulate the notion of being able to cope with adversity and ‘bounce back’ from post-trauma distress. This symposium will provide an international overview of high quality studies that have either examined risk factors related to psychological resilience or interventions which are designed to bolster it.

156

Presenters' names are in bold. Discussants' names are underlined.  
Moderators' names are in bold and underlined.  
Guides to Keyword Abbreviations located on pages 1-3.  
(Primary Key word, Secondary Keywords, Population type, Presentation Level, Region)
Resilience will be considered not just as it applies to individuals but also how it may operate at a team or unit level since uniform services rarely operate in isolation.

Symposium  
Friday, November 15  
11:15 AM to 12:30 PM  
Arlington

Resilience in the Uniform Services - Measurement and Intervention

Active Monitoring through Peer Support after Traumatic Incidents to Support Organisational Resilience  
(Prevent, Acute-Prevent-Terror-Mil/Vets, Adult, M, Global)

Greenberg, Neil, MD, MsC  
King's College London, Weston Education Centre, London, United Kingdom

Background: The UK’s National Institute for Health and Care Excellence (NICE) guidelines for the Management of PTSD was published in December 2018. It recommends the use of active monitoring for individuals exposed to traumatic events to establish PTSD treatment need. This presentation aims to provide an overview of how the Trauma Risk Management (TRiM) peer support programme might be used to achieve active monitoring within trauma-prone organisations. Method: Studies of TRiM have been undertaken in UK military, emergency services and diplomatic staff exposed to a wide range of traumatic events. A key element of the TRiM process is having a trained peer speak with a colleague soon after a traumatic event and again a month later. Both quantitative and qualitative methodologies have investigated whether TRiM leads to improvements in help-seeking and psychological and behavioural outcomes. Results: More than 10 studies of TRiM carried out over the last 15 years have shown that TRiM does no harm, is associated with decreased post-trauma sickness absence, improved post-trauma within-organization social support and post-trauma help-seeking. Conclusions: TRiM is a credible intervention which helps foster managerial and collegial support after traumatic events and ensures that individuals who might benefit from professional care receive it.

Symposium  
Friday, November 15  
11:15 AM to 12:30 PM  
Arlington

Resilience in the Uniform Services - Measurement and Intervention

Managing Acute Stress in the Military: Peers as a Path to Resilience  
(Prevent, Acute-Mil/Vets, Adult, M, Industrialized)

Adler, Amy, PhD; Svetlitzky, Vlad, PhD  
Walter Reed Army Institute of Research (WRAIR), Silver Spring, Maryland, USA

Individuals in high-risk occupations like the military may experience an acute stress reaction – a severe, immediate response to traumatic stress – rendering them unable to function and potentially further endangering themselves and their team. While there is anecdotal data, there a gap in understanding the prevalence with which teams encounter...
this problem and in providing peers with an intervention that they can use to restore the performance of their teammate. This presentation is designed to address both of these gaps. First, in an anonymous survey of 89 soldiers with combat experience, 29% reported encountering a service member who was so mentally stressed that “… their difficulty in functioning increased risk to themselves and/or fellow Service members.” To our knowledge, this is the first study to estimate the frequency with which soldiers encounter acute stress reactions during high-risk military operations. Second, we report on a study examining the impact of training units in iCOVER, a rapid peer-based intervention for managing acute stress reactions in team members. iCOVER, developed by the US Army, is based on the YaHaLOM program created by the Israel Defense Forces. More than 300 soldiers preparing for a combat deployment were assigned to receive iCOVER training or training as usual. Results regarding their perception and attitudes will be presented.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Arlington

Resilience in the Uniform Services - Measurement and Intervention

Leveraging Technologies for Mental Health and Resiliency Training
(Tech, Tech, Prof, M, Industrialized)

Vermetten, Eric, MD, PhD1; Binsch, Olaf, PhD2
1Centrum '45 Arq / Leiden University Medical Center, Leiden, Netherlands
2TNO Defence Safety and Security, Soesterberg, Netherlands

Resilience enhancing technology shows great promise to be applicable for such enhanced curative, and new preventive, measures. As such, leveraged and applied technologies, such as sensors, smart phone applications and virtual reality, will augment or replace conventional approaches across all domains of military mental health (assessment, treatment, education, training, and identification of risk). Taking advantage of these technologies will therefore contribute to greater force readiness and enhance assessment, prevention and treatment of the military that will be deployed in high risk environments for the safety and security of our countries. In this presentation we describe a collaborative project on technology developments initiated to improve the mental health skills of our soldiers. This presentation concerns the collaborative development and validation of support tool kit applications, including checklists and guidance for mission preparation, mental health self-evaluation, and real-time sensing of physical response, and guidance on improving the mental health including coping skills and executive functioning training.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Arlington

Resilience in the Uniform Services - Measurement and Intervention

A Longitudinal Study Evaluating Resilience: Patterns and Predictors of Resilience in the Early Years of the Military Career
(Peasant, Res Meth-Mil/Vets, Adult, M, Industrialized)
A collaborative research study between the Australian Defence Force and Phoenix Australia: Centre for Posttraumatic Mental Health (University of Melbourne) was conducted to investigate the psychological and environmental factors that contribute to or erode the resilience of Australian military members in their early career. A longitudinal panel design was implemented with data collected over a seven year period. Participants were followed up yearly for five time points resulting in an analytic sample of over 5,000 individuals. Trajectories of mental health symptoms were modelled using latent class growth analysis to identify the different patterns of resilience that exist among military members in the context of adjustment to a military career. In addition, the factors that predicted the different trajectories were examined. Three main profiles emerged from the trajectory analysis: resilient, recovering and deteriorating; with the largest proportion of participants falling into the resilient profile. Modifiable factors (such as coping styles) emerged as significant predictors of the profiles and will be highlighted in this presentation.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Salon H/I

Seeking Clarity in the Face of an Epidemic: Dissecting Associations among Trauma, PTSD, and Opioid Use
(Clin Res, Clin Res-Sub/Abuse, Adult, M, Industrialized)

Badour, Christal, PhD1; Back, Sudie, PhD2
1University of Kentucky, Lexington, Kentucky, USA
2Medical University of South Carolina, Charleston, South Carolina, USA

Opioid use, including use of natural opiates (e.g., morphine, codeine), semi-synthetic opioids (e.g., heroin, oxycodone, hydrocodone), and fully synthetic opioids (e.g., fentanyl, methadone) represents a significant public health crisis in this country. Indeed, over 130 people die in the U.S. every day from an opioid overdose, and the economic burden of prescription opioid misuse alone is estimated at nearly $79 billion per year, including healthcare and treatment costs, lost economic productivity, and criminal justice involvement. History of trauma and posttraumatic stress disorder (PTSD) are highly prevalent among individuals with opioid use disorder (OUD), and the PTSD-OUD comorbidity is linked to a host of negative outcomes including increased distress, functional impairment, and poorer response to treatment compared to either condition alone. There is significant concern that the presence of PTSD may interfere with OUD treatment response, yet many barriers exist to both assessing for and...
treating PTSD in OUD patients. Additional work is needed to better understand the overlap among trauma exposure, PTSD, and opioid use among both community and treatment-seeking populations. This series of studies takes a closer examination of the role of trauma and PTSD in understanding patterns of opioid use and responses to OUD treatment.

First, Christal Badour will examine how day-to-day variability in PTSD symptoms predicts patterns of medical and non-medical prescription opioid use, as well as co-use of prescription opioids and other substances (i.e., alcohol, illicit drugs, and other psychotropic medications) among a community sample of individuals with clinical or subclinical PTSD and recent nonmedical prescription opioid use. Next, Angela Moreland will examine the prevalence of PTSD, other comorbid mental health concerns, and psychosocial treatment utilization among women enrolled in a medication assisted treatment (MAT) program for OUD. Next, Jessica Peirce will identify risk factors for trauma re-exposure during MAT treatment among individuals with OUD. Finally, Amanda Gilmore will present preliminary results from a trial evaluating the effects of COPE (Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure), an integrated cognitive-behavioral treatment for PTSD and substance use disorders, in reducing PTSD and depression symptoms among patients with comorbid PTSD-OUD compared to patients with comorbid PTSD and other substance use disorders. Our discussant, Sudie Back, will then review the overall implications of these findings, particularly in light of what this means for improved assessment and treatment of PTSD-OUD comorbidity. She will also provide perspective on promising future directions for research.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Salon H/I

Seeking Clarity in the Face of an Epidemic: Dissecting Associations among Trauma, PTSD, and Opioid Use

Medical and Non-Medical Prescription Opioid Use Patterns in Individuals with PTSD: Does Day-to-Day Variability in PTSD Symptom Severity Predict Co-Use of Prescription Opioids and Other Substances?
(Assess DxF, Clin Res-Sub/Abuse, Adult, M, Industrialized)

Badour, Christal, PhD; Flores, Jessica, BA; Hood, Caitlyn, BS; Brake, Charles, MA PhD Student
University of Kentucky, Lexington, Kentucky, USA

Adults with posttraumatic stress disorder (PTSD) are 1.5-1.8 times more likely than those without to meet criteria for an opioid use disorder due to non-medical prescription opioid use (NMPOU; i.e., use without a prescription; use more frequently, in a higher dose, or for non-prescribed reasons). Despite clear links between PTSD and NMPOU, little is known regarding patterns of NMPOU, medical use of prescription opioids, and co-use of prescription opioids and other substances among individuals with PTSD. In the current study, 30 community-recruited adults (66.7% female) with clinical or subclinical PTSD and recent NMPOU completed a 4-week daily diary study. 86.7% of participants reported use of prescription opioids (33.3% - NMPOU; 36.7% medical use; 16.7% – NMPOU+medical use). These participants reported 6.65 days (SD=7.81) of NMPOU and 7.85 days (SD=10.57) of medical use. 63.5% of prescription opioid use days involved co-use of alcohol, illicit drugs, or other psychotropic medications (SD=37.5%). Higher PTSD symptom days were associated with increased odds of same-day NMPOU (OR=1.04, 95% CI [1.01,1.10]), including co-use (OR=1.04, 95% CI [1.01,1.07]). Odds of medical prescription opioid use (OR=0.98, 95% CI [0.93-1.03]), including co-use (OR=1.01, 95% CI [-0.97-1.05]), was unrelated to PTSD symptom variability. Implications and future research directions will be discussed.
Symposium
Friday, November 15
11:15 AM to 12:30 PM
Salon H/I

Seeking Clarity in the Face of an Epidemic: Dissecting Associations among Trauma, PTSD, and Opioid Use

Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) for Individuals with Prescription Opioid Use Disorder: A Pilot Study
(Clin Res, Clin Res-Sub/Abuse-Mil/Vets, Adult, M, Industrialized)

Gilmore, Amanda, PhD1; Grubaugh, Anouk, PhD2; Santa Ana, Elizabeth, PhD2; Moreland, Angela, PhD1; Brady, Kathleen, MD, PhD1; Back, Sudie, PhD1
1Medical University of South Carolina, Charleston, South Carolina, USA
2Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

Posttraumatic stress disorder (PTSD) is common among individuals with Opioid Use Disorder (OUD). To our knowledge, there are no evidence-based treatments for OUD/PTSD. The current study provides an initial examination of the use of COPE (Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure) to treat OUD/PTSD among Veterans (n = 9) compared to individuals with other substance use disorders (SUD/PTSD; n = 46). There was no significant difference between individuals with OUD/PTSD and SUD/PTSD on number of imaginal exposures completed or number of treatment sessions completed. Results showed that although individuals with OUD/PTSD improved with treatment, this group exhibited less decline across sessions in their PTSD and depressive symptomatology compared to the SUD/PTSD group. These results suggest that more work is required to enhance COPE in order to address the needs of individuals with OUD/PTSD.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Salon H/I

Seeking Clarity in the Face of an Epidemic: Dissecting Associations among Trauma, PTSD, and Opioid Use

Comorbid PTSD among Women with Opioid Use Disorder: Prevalence of Symptoms and Utilization in Trauma-Focused Treatment
(Clin Res, Clin Res-Rape-Sub/Abuse, Adult, M, Industrialized)

Moreland, Angela, PhD1; Crum, Kathleen, PhD2; Melkonian, Alex, BS3
1Medical University of South Carolina, Charleston, South Carolina, USA
2National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA
3University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA
Prevalence of PTSD is 50% among individuals with OUD compared to 7% of the general population. Individuals with comorbid OUD and PTSD have a worse course of illness, poorer health and overall functioning, elevated comorbid substance use, and increased risk of suicide. Medication assisted treatment is the standard of care for OUD, although few MAT models address co-occurring psychosocial disorders such as PTSD. This is problematic, as without concurrent treatment for PTSD, individuals with OUD display higher rates of opioid use, overdose, and increased risk for relapse. This study examined rates of PTSD and comorbid mental health concerns, as well as engagement in psychosocial treatment to specifically address PTSD, among a sample of 50 women enrolled in MAT for OUD. Results demonstrated that 45% of women met criteria for current diagnosis of PTSD, 67% for moderate/severe depression, and 26% reported current suicidal ideation. Of those who either reported trauma exposure or met criteria for PTSD, only 12% were currently in treatment and 28% had ever received treatment to specifically address symptoms of trauma. Findings demonstrate that, while a significant percentage of women on MAT for OUD endorse a current diagnosis of PTSD or related symptoms, a large proportion of women (59%) have never received psychosocial treatment alongside MAT to specifically address these symptoms.

**Symposium**
**Friday, November 15**
**11:15 AM to 12:30 PM**
**Salon H/I**

**Seeking Clarity in the Face of an Epidemic: Dissecting Associations among Trauma, PTSD, and Opioid Use**

**Risk Factors for Traumatic Event Re-Exposure during Medication-Assisted Treatment**
(Assess Dx, Acute-Chronic-Sub/Abuse-Gender, Adult, M, Industrialized)

**Peirce, Jessica, PhD; Alvanzo, Anika, MD; Brooner, Robert, PhD; Kidorf, Michael, PhD**
*Johns Hopkins University School of Medicine, Baltimore, Maryland, USA*

Up to 18% of patients in medication-assisted treatment are re-exposed to a new traumatic event (TE) each month (Peirce et al., 2016), which increases risk of treatment interruption in the following months. The present study examined the fixed risk factors for this re-exposure in 169 men and women. The mean number of lifetime TEs was 18 and 24% of the sample had current PTSD at baseline. Baseline risk factors including gender, race, age, education, ASI scores, number of lifetime TEs, and PTSD diagnosis were examined first. In univariate analyses, re-exposure to a new TE was more likely for those with PTSD [OR (95% CI) = 1.71 (1.13-2.59)] and each lifetime TE increased the risk of a new TE during the study by about 3% [1.03 (1.02-1.05)]. ASI severity scores for family/social impairment [2.79 (1.35-5.77)] and psychological distress [6.03 (1.58-23.06)] were also positively associated with new traumatic event exposure. When all baseline risk factors were entered into one model, only number of lifetime TEs remained significant [1.03 (1.02-1.04)]. Planned analyses will examine the added influence of time-varying factors of drug use, treatment interruption, and counseling adherence on TE re-exposure. Since these latter variables are potentially modifiable, they are of particular importance to treatment providers who want to reduce harms of TE re-exposure in this population.
From Bench to Bedside: Informing Evidence-Based Psychological Interventions for Refugees
(Global, Refugee, Adult, M, Global)

Nickerson, Angela, PhD; Schnyder, Ulrich, MD
1University of New South Wales, School of Psychology, Sydney, New South Wales, Australia
2Zurich University, Zurich, Switzerland

There is an unprecedented number of forcibly displaced persons worldwide. Host governments are tasked with assisting these individuals to overcome the psychological impact of past traumatic experiences. There is relatively little evidence, however, regarding key psychological processes that underpin psychopathology amongst refugees and asylum-seekers. The four presentations in this symposium outline emerging research investigating and targeting promising psychological mechanisms in resettled refugees. The first study uses latent profile analysis to examine the association between patterns of emotion regulation and psychopathology in refugees. The second presentation reports on an investigation of the role of moral injury appraisals in predicting PTSD, depression and anger in refugees. The third presentation reports on the results of an effectiveness trial of a novel intervention targeting emotion dysregulation in refugee youth. The fourth study details a randomized controlled trial of an online intervention using cognitive and social contact strategies to reduce mental health stigma and increase help-seeking amongst refugee men with PTSD symptoms. The symposium will conclude with a discussion of how basic research on psychological processes can be harnessed to develop evidence-based interventions to reduce the burden of post-trauma psychopathology in refugee groups.

From Bench to Bedside: Investigating the Relationship Between Distinctive Patterns of Emotion Regulation, Trauma Exposure and Psychopathology Among Refugees Resettled in Australia: A Latent Class Analysis.
(Clin Res, Complex-Cul Div, Adult, M, Global)

Specker, Philippa, BPsych(Hons), MClinPsych(Candidate); Nickerson, Angela, PhD
1University of New South Wales, Sydney, NSW, Australia
2University of New South Wales, School of Psychology, Sydney, NSW, Australia

Introduction: Emotion regulation difficulties are common in individuals from refugee backgrounds. However, little is known about which emotion regulation strategies refugees commonly employ, nor how different repertoires relate to psychopathology. This was the first study to identify individual differences in patterns of habitual emotion regulation.
regulation among refugees, and explore their unique associations with trauma exposure and PTSD symptoms. Method: Trait reappraisal and suppression were measured among 93 refugees. A Latent Class Analysis was conducted to identify distinct classes of participants based on differing levels of reappraisal and suppression. Results: Latent Class Analysis revealed three distinct profiles of habitual emotion regulation: a High Regulators class (56%; high trait reappraisal/high trait suppression), an Adaptive Regulators class (23%; high trait reappraisal/moderate trait suppression) and a Maladaptive Regulators class (21%; low trait reappraisal/high trait suppression). Each class evidenced unique associations with gender, trauma and PTSD. Discussion: Our findings demonstrate the importance of measuring multiple strategies to uncover patterns of emotion regulation. Moreover, better understanding the links between emotion regulation and psychopathology has important implications for the development of effective treatments with traumatized refugees.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Dartmouth/ Exeter

From Bench to Bedside: Informing Evidence-Based Psychological Interventions for Refugees

Moral Injury Appraisals in Refugee Trauma: A Structural Equation Model
(Clin Res, Cog/Int-Refugee-Moral, Adult, M, Industrialized)

Hoffman, Joel, PhD Candidate; Liddell, Belinda, PhD; Bryant, Richard, PhD; Nickerson, Angela, PhD
University of New South Wales, School of Psychology, Sydney, NSW, Australia

Refugees are often exposed to a number of traumatic experiences, which can lead to elevated rates of posttraumatic stress disorder (PTSD). In addition to fear, refugees often report emotions such as anger, guilt or shame in relation to these events. These may be a result of moral injury (Litz et al., 2009), which we define as appraisals that violate deeply held moral beliefs and frameworks. This study investigated the factor structure of the Moral Injury Appraisal Scale (MIAS) with 222 refugees from diverse backgrounds who completed an online survey. Confirmatory factor analyses revealed a two-factor structure representing appraisals about violations enacted by someone else (MI-Other) or violations by oneself (MI-Self). Structural equation modelling indicated that both factors were predicted by higher trauma exposure. Additionally, higher moral injury across both factors was associated with higher levels of anger and depression. MI-Other was associated with higher PTSD symptom severity across all symptom clusters. In contrast, MI-Self predicted lower levels of re-experiencing symptoms. These findings suggest that the underlying mechanisms of MI-Other and MI-Self appraisals may be distinct, which may have important implications in designing treatments that are effective for traumatized refugees.
From Bench to Bedside: Informing Evidence-Based Psychological Interventions for Refugees

Pilot Evaluation of the Effectiveness, Implementation and Predictors of Outcome of a Transdiagnostic Group Intervention among Young Afghan Refugees

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1Ludwig-Maximilians-University, Department Psychologie Klinische Psychologie und Psychotherapie, München, Germany
2Ludwig-Maximilians-University, Department of Psychology, Munich, Bavaria, Germany
3Refugio Munich, Munich, Bavaria, Germany

Background. In response to high rates of comorbidity and various structural barriers to providing mental health care among refugees, targeting transdiagnostic processes such as emotion regulation in a low-threshold group intervention appears particularly promising. This study examined a new group program, Skills-Training of Affect Regulation—a Culture-sensitive Approach (STARC), which conveys strategies to improve emotional clarity and to regulate strong emotions. Method. A parallel-group (STARC vs. wait-list) randomized-controlled pilot study among 44 young, male Afghans with a refugee background (Mage=18.50) was conducted in a routine clinical setting in Germany. Results. STARC showed large comparative effect sizes improving emotion dysregulation, transdiagnostic as well as posttraumatic stress symptoms, and caregivers’ ratings of emotional competence (d=0.90 to 1.69), but not anger reactions compared to wait-list. Effects were maintained over 3 months. Exploratory analyses revealed the superiority of STARC in outcomes, regarding emotion dysregulation and partly transdiagnostic symptoms, were specific to participants with stable housing and with more years in education. Discussion. STARC can be viewed as a valuable transdiagnostic intervention that may be especially useful as an initial low-threshold intervention offered in a phased-based and/or stepped care approach.
Refugees report elevated rates of posttraumatic stress disorder (PTSD), but are less likely to seek help for their symptoms. Mental health stigma is a key barrier to help-seeking amongst refugees. We evaluated the efficacy of an on-line intervention in reducing self-stigma and increasing help-seeking in refugee men. Participants were 103 refugee men with PTSD symptoms from Arabic, Farsi or Tamil-speaking backgrounds who were randomly assigned to either receive an 11-module on-line stigma reduction intervention specifically designed for refugees (“Tell Your Story”, TYS) or to a wait-list control (WLC) group. Intent-to-treat analyses indicated that, compared to the WLC, TYS resulted in significantly smaller increases in self-stigma for seeking help from post-treatment to follow-up and greater help-seeking behavior from new sources at follow-up than those in the WLC. This is the first investigation of a mental health stigma reduction program specifically designed for refugees. Findings suggest that evidence-based stigma reduction strategies are beneficial in targeting self-stigma related to help-seeking and increasing help-seeking amongst refugees. These results indicate that online interventions focusing on social contact may be a promising avenue for removing barriers to accessing help for mental health symptoms amongst traumatized refugees.

Symposium
Friday, November 15
11:15 AM to 12:30 PM
Fairfield

PTSD and Positive Memories: Implications for Trauma Treatment and Recovery
(Clin Res, Affect/Int-Clinical Practice-Cog/Int-Depr, Adult, M, Industrialized)

Contractor, Ateka, PhD
University of North Texas, Denton, Texas, USA

Deficits in encoding, consolidating, and retrieving positive memories play a key role in PTSD symptomatology. Despite work suggesting that engaging with positive memories positively impacts affect, cognitions, and mental health, the vast majority of current trauma research/clinical work primarily targets traumatic memories. To incorporate positive memory elements into current trauma-focused interventions with a potential paradigm shift in trauma work, we outline four empirical presentations.

**Study 1 (Dolan et al.)** demonstrates an empirical relation of positive memory count/characteristics to PTSD severity and identifies difficulties regulating positive emotions as contributing to positive memory recall deficits among trauma-exposed participants; this study provides the foundation to further investigate PTSD’s relation with positive memory characteristics and processes. Contributing to Study 1 results, **Study 2 (Weiss et al.)** empirically demonstrates directionality of relations between positive emotion dysregulation and PTSD severity using a daily diary framework; results emphasize a clinical need to address (dys)regulation of positive affect in PTSD treatment.

**Study 3 (Contractor et al.)** reports on PTSD outcomes following a simulated positive memory processing technique within the context of an RCT; results support the conceptual PTSD-positive memory model outlined by Contractor et al., (2018) and positive memory processing in PTSD treatment. Lastly, **Study 4 (Banducci et al.)** outlines qualitative and quantitative information obtained from practicing clinicians informing the development of a positive memory technique for PTSD. Study samples are diverse; including a trauma-exposed community sample recruited from Amazon MTurk, community sample of women experiencing domestic violence, trauma-exposed...
college students, and licensed clinicians trained in trauma-focused therapies. This presentation will enhance empirical and theoretical knowledge on the PTSD-positive memory relations, ultimately with the potential to improve treatment targets and outcomes.

**Symposium**  
**Friday, November 15**  
**11:15 AM to 12:30 PM**  
**Fairfield**

**PTSD and Positive Memories: Implications for Trauma Treatment and Recovery**

The Relation between PTSD Severity, Positive Memory Recall, and Memory Phenomenology among Trauma-Exposed Participants  
(Clin Res, Clin Res, Adult, M, Industrialized)

Dolan, Megan, BA¹; Contractor, Ateka, PhD²; Weiss, Nicole, PhD³  
¹University of North Texas, Department of Psychology, Denton, Texas, USA  
²University of North Texas, Denton, Texas, USA  
³University of Rhode Island, Kingston, Rhode Island, USA

Positive memories play an important role in the etiology/maintenance of posttraumatic stress disorder (PTSD). Additionally, there are potential clinical benefits of recalling positive memories. However, most research/clinical work has focused on the role of traumatic memories in PTSD’s symptoms and treatment. This study examined positive memory recall difficulties and phenomenology among 185 trauma-exposed individuals with PTSD symptoms. Participants completed measures examining autobiographical memory, memory phenomenology, rumination, negative/positive emotional dysregulation, and fear of positive emotions. Results showed that (1) greater PTSD severity was a marginally significant predictor of fewer recalled positive memories; (2) greater positive emotional dysregulation predicted fewer recalled positive memories, controlling for PTSD severity; and (3) PTSD severity predicted valence, vividness, coherence, accessibility, time perspective, sensory details, and distancing ratings of a positive memory, controlling for sleep quantity/quality. Such findings add to the PTSD-positive memory literature by informing PTSD theoretical perspectives; enhancing an understanding of if/how positive memories may be incorporated into PTSD treatments; and highlighting clinical targets, such as positive emotional regulation skills, when integrating positive memories into PTSD intervention.

**Symposium**  
**Friday, November 15**  
**11:15 AM to 12:30 PM**  
**Fairfield**

**PTSD and Positive Memories: Implications for Trauma Treatment and Recovery**

PTSD Symptoms and Difficulties Regulating Positive Emotions: A Daily Diary Examination among Community Women who Experience Domestic Violence  
(Clin Res, Affect/Int-DV-Gender, Adult, M, Industrialized)

Weiss, Nicole, PhD¹; Forkus, Shannon, MA¹; Risi, Megan, MA¹; Sullivan, Tami, PhD²
Emotion dysregulation is a transdiagnostic construct with relevance to a wide range of clinically-relevant outcomes (Gratz & Tull, 2010), including posttraumatic stress disorder (PTSD; Weiss et al., 2013). Yet, research in this area has focused almost exclusively on difficulties regulating negative emotions. The current study examined the proximal relations among PTSD symptoms and difficulties regulating positive emotions in a sample of community women who experience domestic violence. Data collection for this study (K23DA039327) is ongoing; to date, 76 women have completed the study, and we anticipate a sample size of 125 by the fall. Measures of PTSD symptoms and difficulties regulating positive emotions were completed three times a day for 30 days. Using lag-interval models, we modeled bidirectional associations between PTSD symptoms and difficulties regulating positive emotions. PTSD symptoms and difficulties regulating positive emotions were reported in 62.2% and 58.6% of intervals, respectively. PTSD symptoms in earlier intervals predicted a greater likelihood of difficulties regulating positive emotions in later intervals. Difficulties regulating positive emotions in earlier intervals did not relate to an increased likelihood of PTSD symptoms in later intervals. Results further clarify the directionality of the PTSD-emotion dysregulation association.

**Symposium**
**Friday, November 15**
**11:15 AM to 12:30 PM**
**Fairfield**

**PTSD and Positive Memories: Implications for Trauma Treatment and Recovery**

**Effects of Processing Positive Memories on Posttrauma Mental Health: A Preliminary Study**
(Clin Res, Affect/Int-Cog/Int-Depr, Adult, M, Industrialized)

**Contractor, Ateka, PhD**; Banducci, Anne, PhD; Jin, Ling, MA; Keegan, Fallon, BA; Weiss, Nicole, PhD

1. University of North Texas, Denton, Texas, USA
2. National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
3. University of North Texas, Department of Psychology, Denton, Texas, USA
4. University of Rhode Island, Kingston, Rhode Island, USA

Trauma therapy primarily focuses on traumatic memories despite evidence indicating that positive memory processes play a role in posttraumatic stress disorder’s (PTSD) symptomatology. Thus, we examined effects of a novel positive memory processing technique on PTSD, depression, affect, and posttrauma cognitions. Sixty-five trauma-exposed participants were randomly assigned to one of three conditions (narrating/processing vs. writing/processing two specific positive memories, control), completed self-report measures pre- and post-task (T0), participants repeated their assigned condition and completed self-report measures (T1) about one week later. For the narrating condition, interaction effects of mixed ANOVAs indicated a significant decrease in PTSD severity, posttrauma cognitions, and negative affect from T0 pre-task to T1 post-task; and significant increases in positive affect from T0 pre-to-post-task and from T1 pre-to-post-task. The writing condition had an increase in positive affect from T0 pre-to-post-task, but a significant decrease from T0 post-task to T1 post-task; and a decrease in negative affect from T0 pre-to-post-task with an increase from T0 post-task to T1 post-task. Narrating and processing positive memories beneficially impacted PTSD severity, posttrauma cognitions, and affect; results support integrating positive memory techniques into PTSD interventions.
Symposium  
Friday, November 15  
11:15 AM to 12:30 PM  
Fairfield

PTSD and Positive Memories: Implications for Trauma Treatment and Recovery

Positive Memories and PTSD Interventions: Clinician Perspectives  
(Clin Res, Affect/Int-Clin Res, Prof, M, Industrialized)

Banducci, Anne, PhD¹; Contractor, Ateka, PhD²; Caldas, Stephanie, MA³; Dolan, Megan, BA³; Jin, Ling, MA³

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To develop a PTSD-specific positive memory technique, we queried practicing clinicians who provide trauma-focused psychotherapies (n = 46) on the nature/extent of their use of positive memories in PTSD therapy and elicited their opinion about our proposed positive memory technique. Most clinicians reported use of positive memories in PTSD therapy (n=31, 67 %) and interest in addressing them more in depth/frequently (n =33, 71%). Regarding the most frequently endorsed responses, clinicians reported that (1) Positive memory processing could increase positive thoughts (n=33, 82%), positive feelings (n=32, 80%), and positive memory specificity (n=30, 75%); (2) Optimal intervention components included defining a positive memory as a peak experience (n=23, 50%), identifying 1-3 memories (n=10-13, 25-33%), discussing them in session to elicit positive elements (n=24-29, 68-82%), tracking valence/intensity of affect (n=20, 57 %), and using this technique to augment trauma-focused interventions (n=20, 57 %); and (3) Feasibility indicators included perceived acceptability, practicality, ease of learning, and positive impact on therapy satisfaction/tolerability. Reported barriers to processing positive memories included the lack of evidence and an existing protocol. Taken together, these findings support the development and investigation of a PTSD-specific positive memory technique.

Panel Presentation  
Friday, November 15  
11:15 AM to 12:30 PM  
Salon J/K

Providing a Spectrum of Skill-Building Interventions After Disasters and Mass Violence  
(Prevent, Nat/Dis-Pub Health-Refugee-Terror, Adult, M, Global)

Watson, Patricia, PhD¹; O'Donnell, Meaghan, PhD²; Sijbrandij, Marit, PhD³; Naturale, April, PhD, MSSW⁴

¹National Center for PTSD, Executive Division, White River Junction, Vermont, USA  
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³Vrije Universiteit Amsterdam, Amsterdam, Netherlands  
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Individuals affected by disasters and mass violence often do not seek help or cannot access formal mental health treatment following these events, and therefore often suffer unnecessarily for extended periods of time. Best practices in disaster behavioral health highlight the need for a spectrum of interventions that are sensitive to the stigma, offered in accessible settings, and that aim to both increase resilience and reduce distress. This panel will describe methods for a spectrum of skill-building behavioral health interventions that have been offered and tested in a variety of settings, including a simple skill building approach used by the World Health Organization for refugee populations, an adapted stepped care method of low intensity interventions for those affected by the California wildfires, the delivery and testing of a psychosocial skills brief program targeting adjustment difficulties on the island of Tuvalu following a natural disaster, and the provision of a disaster based psychosocial intervention for the intermediate and long term needs of those affected by the Boston bombing. The panelists will discuss the process of improving resilience and reducing distress for each of these initiatives and next steps.

Panel Presentation
Friday, November 15
11:15 AM to 12:30 PM
Provincetown

Multidisciplinary Approaches to Promote Recovery and Resilience Among Sexually Exploited Youth: Diverse Perspectives on Services, Advocacy, and Treatment
(Social, CSA-Clinical Practice-Rape-Gender, Child/Adol, M, Industrialized)

Dierkhising, Carly, PhD1; Ackerman-Brimberg, Mae, JD2; Kinnish, Kelly, PhD3; Sprang, Ginny, PhD4
1California State University Los Angeles, Los Angeles, California, USA
2National Center for Youth Law, Oakland, California, USA
3Georgia Center for Child Advocacy, Atlanta, Georgia, USA
4University of Kentucky, Lexington, Kentucky, USA

The goal of this panel is to highlight a range of collaborative multidisciplinary approaches to identify, support, and serve commercially sexually exploited youth (CSEC/Y) from multiple perspectives. Panelists will highlight and discuss policy/legislative advocacy, clinical, and system/agency perspectives of diverse approaches to support sexually exploited youth. Perspectives will be supported by recent research into these areas. Discussion points will include: (1) the development of a first responder protocol, to ensure county agencies provide a quick and coordinated response when an exploited youth is identified by law enforcement; (2) youth perspectives from survey and qualitative research on specialized services provided by the courts, Probation, child welfare, and community-based advocates; (3) recent research on commercial sexual exploitation in child welfare-involved families that highlights intervention strategies based on exploitation dynamics, service system points of interface, and clinical profiles; (4) the adaptation and implementation of TF-CBT for sexually exploited youth; and (5) advocacy efforts and significant policies that have changed the landscape of local and state-level responses to (CSEC/Y). Discussion will be encouraged and integrated throughout the session.
Workshop Presentation
Friday, November 15
11:15 AM to 12:30 PM
Suffolk

Adapting Skills for Psychological Recovery (SPR) for Different Populations: Strategies for Training and Implementation
(Commun, Acute-CPA-Commun-Train/Ed/Dis, Lifespan, I, N/A)

Orengo-Aguayo, Rosaura, PhD1; Brymer, Melissa, PhD, PsyD2; Williams, Joah, PhD3; Rheingold, Alyssa, PhD1; Green, Virginia, BA4
1Medical University of South Carolina, Charleston, South Carolina, USA
2National Center for Child Traumatic Stress at UCLA, Los Angeles, California, USA
3University of Missouri - Kansas City, Kansas City, Missouri, USA
4National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA

Skills for Psychological Recovery (SPR) is an evidence-informed, modular intervention aimed at fostering resiliency & increasing self-efficacy by teaching survivors’ evidence-based coping skills (based on CBT principles) that have been shown to effectively reduce distress following trauma. Recently, SPR has been applied to victims of crime with single incident traumas (homicide, robbery), bereaved families, and during child maltreatment investigations. This workshop will feature ways to adapt SPR for different community settings and populations. We will demonstrate features of an e-learning course & how to use it prior to live training. We will demonstrate ways to adapt training based on your program goals. We will integrate case studies of use with Spanish-speaking Hispanic males who experienced a robbery and waitlisted for treatment. We will describe the process of identifying the patient’s needs, tailoring each SPR module to best fit those needs, and highlighting the flexibility in the provision of SPR. We will discuss strategies to consider when adapting SPR for community response to victims of crime, including how to use paraprofessionals. Finally, we will present pilot data of SPR being used with bereaved families. This data includes pre/post/3-month follow-up showing statistically significant improvements on all symptom domains (PTSD, depression, & prolonged grief).
The Neglected Belligerent Sibling in the Affect Family: Advances in the Understanding, Assessment and Treatment of Trauma-related Anger
(Assess Dx, Aggress-Clinical Practice, Adult, M, Industrialized)

Forbes, David, PhD
Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Carlton, Victoria, Australia

Anger is a critical but often neglected affect in the assessment and treatment of responses to potentially traumatic events. However, in light of increasing evidence of the importance of anger following trauma exposure generally and in high exposure risk organisations such as military and national security organisations specifically, it can no longer be ignored. Based on growing attention and evidence over several years, the presentation will describe current approaches to understanding anger following trauma exposure; highlight advances in the brief assessment of anger to facilitate its inclusion in routine clinical practice and research; discuss emerging evidence for its role in the development and maintenance of maladaptive and pathological responses to trauma exposure; and consider new directions in approaches to the direct treatment of trauma related anger.

Multi-Level Vulnerability and Adaptation: Ecological Approaches to Working Together with Communities Affected by War and Forced Migration
(Clin Res, Complex-Refugee-Torture-Grief, Adult, M, Global)

Bunn, Mary, LCSW, PhD Candidate1; Steel, Zachary, PhD2
1University of Chicago, School of Social Service Administration, Chicago, Illinois, USA
2St John of God Health Care and University of New South Wales, Sydney, NSW, Australia

War, persecution and forced migration result in a complex phenomenon associated with psychological, health, social, relational and existential vulnerabilities. In addition to past trauma, ecological models emphasize how environments characterized by ongoing stress and adversity, and disruptions to social and material resources, contribute to psychosocial problems (Miller & Rasmussen, 2014; Silove, 2013). Moving beyond the individual as the focus of mental health problems and intervention, families, social groups and communities are sites of potential
resources important for adaptation and survival under dire circumstances. This symposium brings together four empirical studies conducted across four continents to focus on how forced migration affects the psychosocial wellbeing of refugees in displacement and resettlement contexts. Using a range of empirical methods (grounded theory, in-depth interviews, and quantitative multi-level designs), these studies explore psychosocial outcomes at multiple levels including mental and physical health, family relationships, and social resources, using participatory processes for research and knowledge production. The discussant will provide a historical overview on research in this area and facilitate discussion on critical issues for the field moving forward. Issues include an urgent need to move beyond the established trauma-focused paradigm to integrate multilevel ecological models to broaden understanding of psychosocial wellbeing among refugees and other displaced groups.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Salon A/B

Multi-Level Vulnerability and Adaptation: Ecological Approaches to Working Together with Communities Affected by War and Forced Migration

Physical Activity as a Psychosocial Intervention among Rohingya Refugees in Bangladesh: A Rapid Ecological Community Assessment
(Commun, Comm/Int-Cul Div-Global-Refugee, Adult, M, S Asia)

Wells, Ruth, DPsych, Clin1; Nemorin, Shaun, MA2; Steel, Zachary, PhD3; Guhathakurta, Meghna, PhD4; Rosenbaum, Simon, PhD5

1University of New South Wales, Sydney, NSW, Australia
2Service for the Treatment and Rehabilitation of Torture and TRauma Survivors, Carramar, NSW, Australia
3St John of God Health Care and University of New South Wales, Sydney, NSW, Australia
4Research Initiatives Bangladesh, Dhaka, Bangladesh
5University of New South Wales, Kensington, NSW, Australia

Background: Over 907,000 Rohingya refugees currently live in makeshift camps in Bangladesh with limited resources to address their psychosocial needs. Physical activity is a scalable, low-cost intervention effective for prevention and treatment of non-communicable diseases and mental health problems. Understanding community attitudes to physical activity and mental health is key to designing community endorsed interventions. Methods: We employed the Community Readiness Model, a tool to assess community climate, needs, and resources, to determine community capacity building needs. Fifteen Rohingya key informants were interviewed across multiple refugee camps in Cox’s Bazaar district, Bangladesh (Jan 2019). Community readiness scores were calculated. Thematic analysis explored community identified needs. Results: Community members strongly endorsed physical activity as an effective biopsychosocial strategy for relieving “cinta” (a local idiom of distress). The community has established physical activity initiatives, but resources, space and support are limited with particular barriers of restrictions on movement for women. Conclusions: Physical activity is a feasible and acceptable community identified strategy to promote psychosocial wellbeing among Rohingya refugees. Potential programs will require a gender, ability and culture sensitive approach to promote inclusion
Symposium  
Friday, November 15  
3:00 PM to 4:15 PM  
Salon A/B  

Multi-Level Vulnerability and Adaptation: Ecological Approaches to Working Together with Communities Affected by War and Forced Migration  

The Mental Health of Farsi and Dari Speaking Asylum-Seeking Children and Parents Facing Insecure Residency in Australia  
(Global, Cul Div-Rights-Refugee, Lifespan, M, Industrialized)  

Rostami, Reza, MA Student1; Wells, Ruth, DPsych, Clin2; Berle, David, PhD3; Solaimani, Jila, Other4; Silove, Derrick, MD PhD5; Steel, Zachary, PhD6  
1University of New South Wales, School of Psychiatry, Randwick, NSW, Australia  
2University of New South Wales, Sydney, NSW, Australia  
3University of Technology Sydney, Ultimo, NSW, Australia  
4University of New South Wales, The Black Dog Institute, Prince of Wales Hospital, Randwick, Sydney, NSW, Australia  
5University of New South Wales, Psychiatry Research and Teaching Unit (PRTU), Liverpool Hospital, Liverpool, Sydney, NSW, Australia  
6St John of God Health Care and University of New South Wales, Sydney, NSW, Australia  

Background: Since 2012, 30,500 asylum seekers, including children, have been living in Australia with limited entitlements and insecure residency.  

Aim: To examine the role of insecure residency on psychological problems among Iranian and Afghan children (5-17 years) and their caregivers.  

Methods: A representative community sample of Farsi/Dari speaking families, arrived since 2010, with either insecure or secure residency. Parents of 77 children reported posttraumatic stress symptoms (PTS) (Harvard Trauma Questionnaire), visa status and child’s mental health (Strengths and Difficulty Questionnaire, SDQ), with self-report for children (>11yrs). To account for clustering within families, we used multilevel modelling to regress child’s SDQ scores on family level variables (visa status and parent PTS), controlling for child gender (child level variable). Results: Accounting for clustering within families and child gender, child SDQ scores (mean 15.3) were significantly predicted by primary caregiver PTS (b= 2.51, p = 0.001) and insecure visa status (b= 1.57, p = 0.05). Children with insecure residency reported SDQ scores 1.4 times higher. Conclusion: This is the first study to examine the mental health of accompanied asylum-seeking children internationally. Results identify that children in families seeking political asylum are at increased risk of adverse mental health outcome.
Wachter, Karin, PhD
Arizona State University, Phoenix, Arizona, USA

This study employed a grounded theory methodology to explain how women from the DRC (n = 27) recreate social support in resettlement. The analysis generated five salient categories. 1) Social support as integral to ways of life emerged from women’s rich descriptions of life pre-resettlement, in which women could rely on trusted family and community members for a wide variety of support. 2) Ruptured connections captured processes associated with war and displacement, which scattered families and sundered communities. Resettlement, driven by institutionalized policies and practices, “nuclearized” families, further downsizing women's most trusted networks and sources of support. 3) Partitioned lives reflected dramatic shifts in how women related to space and time in the U.S. resettlement context, which affected their ability to foster new connections. 4) Being alone encapsulated internal experiences of women feeling on their own, as well as concrete experiences of social isolation for the first time in the resettlement context. 5) Learning to stand alone captured converging processes that propelled women towards self-reliance, but not without consequences for well-being. The analysis informs future programming and research by highlighting psychosocial processes associated with forced migration.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Salon A/B

Multi-Level Vulnerability and Adaptation: Ecological Approaches to Working Together with Communities Affected by War and Forced Migration

Ambiguous Losses: Social-Relational Consequences of War and Displacement among Syrian Refugees in Jordan

Bunn, Mary, LCSW, PhD Candidate
University of Chicago, School of Social Service Administration, Chicago, Illinois, USA

Background: Violence and conflict affect the way people relate to each other interpersonally. Families often fragment and support structures can disappear and become less effective. Though the presence or absence of social resources influences mental health (Hobfoll, 2011; Kirmayer & Pedersen, 2014), there has been limited investigation into the social lives of refugees. Methods: In this study, researchers conducted in-depth interviews (n=31) with Syrian urban refugees in Jordan to explore how war and displacement affected their social relationships. Findings: Using thematic analysis, ambiguous loss was employed as a framework for theorizing the ongoing, invisible, multi-level losses of Syrian refugees. Ambiguous losses are losses that remain unclear and lack clear boundaries, have limited social acknowledgement or rituals to mourn (Boss, 2006). Four core dimensions of ambiguous loss were identified including loss of felt security, loss of family stability, loss of social existence and loss of social spaces. These losses resulted from forced migration from the home context and ongoing adversity as refugees. Conclusions: Grief and loss frameworks are paramount for understanding social-relational vulnerabilities of refugees and their implications for psychosocial well-being. Discussion will focus on the implications of findings for intervention design and research with refugees.
Symposium  
Friday, November 15  
3:00 PM to 4:15 PM  
Salon H/I

How Does Trauma Impact Perinatal Health and What Can We Do About It?  

Nillni, Yael, PhD  
National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA

Historical and ongoing maternal trauma exposure negatively impacts pregnancy-related outcomes such as preterm birth, maternal perinatal mental health, and parenting capabilities. This symposium will present new findings highlighting the role of trauma exposure on mental and physical health during the perinatal period (i.e., pregnancy and postpartum), as well as innovative interventions to improve negative outcomes among trauma-exposed pregnant women. The first talk will describe the impact of unique types of military trauma exposure on perinatal outcomes in a large sample of female Veterans. The second talk will present data from a longitudinal study that examines how interpersonal violence during early pregnancy impacts HPA axis functioning and later PTSD and depressive symptoms at the end of pregnancy and postpartum period. The third talk will present qualitative data from the implementation of a psychoeducational manualized intervention for pregnant women with childhood maltreatment in high-risk, low-resource communities. The final talk will present results from a randomized controlled trial of a relationship-focused manualized group intervention for trauma-exposed mothers and their young children. Results indicate a significant impact of trauma on perinatal outcomes. However, these innovative interventions demonstrate promise for preventing negative perinatal outcomes.

Symposium  
Friday, November 15  
3:00 PM to 4:15 PM  
Salon H/I

How Does Trauma Impact Perinatal Health and What Can We Do About It?

The Effects of Pregnancy IPV on Women’s HPA Axis Function and Mental Health Pre- and Post-Partum  
(Bio Med, Chronic-DV-Health-Bio/Int, Adult, M, N/A)

Levendosky, Alytia, PhD1; Bogat, G. Anne, PhD1; Lonstein, Joseph, PhD1; Muzik, Maria, MD2  
1Michigan State University, East Lansing, Michigan, USA  
2University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA

Intimate partner violence (IPV) is a common stressor during pregnancy, affecting up to 30% of women. IPV may cause both psychological distress as well as dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis. The HPA axis dysregulation can then have long-term consequences for women’s mental health beyond the pregnancy, as it affects the woman’s capacity to respond to daily stressors. The data presented in this talk are taken from an ongoing longitudinal, prospective study examining how IPV during early pregnancy affects HPA axis functioning and mental health at the end of pregnancy and postpartum. We assess women 3 times during pregnancy (15-17, 23-25, and 32-34 weeks) and once at 6-months postpartum. To date, 220 of the planned 300 participants have
completed the pregnancy assessments and 65 have completed the postpartum assessment. The sample is a high-risk group of women: 60% are single, 45% are ethnic minorities, 57% have a high-school diploma or less education, and 59% report IPV during pregnancy. Preliminary analyses reveal that IPV and cortisol reactivity to a stressor at 15-17 weeks prepartum are positively related to depressive and PTSD symptoms later in pregnancy (32-34 weeks) as well as 6 months postpartum. Findings from this study could influence the development of interventions for pregnant women experiencing IPV.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Salon H/I

How Does Trauma Impact Perinatal Health and What Can We Do About It?

Mom Power: A Multi-Family Intervention for Mothers with Childhood Trauma Histories and their Young Children Aimed to Support Mental Health and Parenting
(Commun, Clin Res-Complex-Cul Div, Adult, M, Industrialized)

Muzik, Maria, MD; Rosenblum, Katherine, PhD
University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan, USA

Women with childhood trauma history are at risk for psychopathology and inadequate parenting. Mom Power is a 13-session relationship-focused group intervention for trauma-survivor mothers and their young children ages 0-5. We report findings from a pilot effectiveness RCT. Mothers (N=122) with young children (age <6) were randomized either to Mom Power (n=68), or weekly mailings of parenting information (control, n=54). Mom Power was delivered by community clinicians trained to fidelity. Mothers completed pre and post-intervention measures on mental health (depression, PTSD) and parenting (surveys, WMCI interview). The WMCI was coded by blind coders for representational categories (secure/insecure) and Parenting Reflectivity. On a subset (n=32; 15 Mom Power) we conducted fMRI brain scans before and after the intervention period to study neural circuitry associated with treatment response. Mental health and self-rated parenting significantly improved for Mom power compared to control. In Mom Power group, secure representations and Parenting Reflectivity increased significantly (in contrast to control group). We found Mom Power effects on parenting brain circuitry related to improved self-rated parenting. Mom Power is an effective and feasible intervention for trauma-survivor mothers with psychopathology and inadequate parenting.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Salon H/I

How Does Trauma Impact Perinatal Health and What Can We Do About It?

The Impact of Military Trauma Exposure on Perinatal Outcomes among Female Veterans
(Clin Res, Health-Mil/Vets-Gender, Adult, M, Industrialized)
The number of female Veterans of reproductive age is increasing. Research examining the impact of trauma, particularly military trauma, on perinatal health among female Veterans is lacking. This study examined if military-related trauma (i.e., warfare exposure, general and sexual harassment) contributed unique variance to the prediction of perinatal outcomes (i.e., preterm birth, obstetric medical condition such as high blood pressure or gestational diabetes, perinatal depression and/or anxiety). A total of 1,061 female Veterans (Mage = 37.71; 57% White) living across the U.S. (oversampled for Veterans living in high crime communities) completed a mail-based survey, and reported information about all of their pregnancies and about their military stressors using the Deployment Risk and Resilience Scale. The majority of the sample (94%) reported experiencing a traumatic event on the Life Events Checklist (LEC) at some point in their life, 12% reported a preterm birth (birth prior to 37 weeks gestational age), 10% reported gestational diabetes or high blood pressure during pregnancy, and 37% reported perinatal depression and/or anxiety. Results revealed that sexual harassment, but not warfare exposure or general harassment, uniquely predicted increased risk for preterm birth (OR=1.04 , p<.05) and having gestational diabetes or high blood pressure during pregnancy (OR=1.04, p<.05).

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Salon H/I

How Does Trauma Impact Perinatal Health and What Can We Do About It?

Implementing the “Survivor Moms’ Companion” PTSD-specific Intervention for Pregnancy and early Parenting: Outcomes of Participatory Research with Perinatal Agencies Serving High-Risk Communities
(Clin Res, Health-Prevent-Rape-Gender, Lifespan, M, Industrialized)

Sperlich, Mickey, PhD MSW1; Seng, Julia, PhD CNM2
1University at Buffalo, Buffalo, New York, USA
2University of Michigan, Ann Arbor, Michigan, USA

The “Survivor Moms’ Companion” (SMC) is a fully-manualized psychoeducation intervention. It was developed by midwives to meet the mental health and maternal development needs of childbearing women with a history of childhood maltreatment trauma. The SMC aims to help new mothers break inter-generational cycles of maltreatment and psychiatric vulnerability by teaching about and providing skills training for management of posttraumatic stress symptoms, interpersonal reactivity, and emotion dysregulation. Pilot research was conducted within typical maternity care settings was promising (Seng et al., 2011; Sperlich et al., 2011; Rowe et al., 2014). Implementation projects with two agencies serving high-risk, low-resource communities (in Buffalo, NY and Blackpool, England) have been completed. Reach, engagement, and satisfaction results indicate the SMC can work in these challenging settings. Lessons learned from the participatory research resulted in additional manualized elements, including stronger workforce development, more experiential training, incorporation into home visiting, and creation of additional supports for para-professionals (i.e., perinatal outreach workers) to take on the tutor role.
The Science to Care and Quality Assurance Gaps in PTSD Treatment: Lessons Learned from Large Healthcare Systems
(Clin Res, Clinical Practice-Res Meth-Train/Ed/Dis, Prof, A, Global)

Litz, Brett, PhD
VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA

Notwithstanding guidelines’ attempt at standardization, there are three challenges that decision-makers and clinicians face when deciding policy and choosing an optimal evidence-based treatment for PTSD: (1) discerning which clinical trial(s) apply to a given context and whether there are sufficient clinically significant effects; (2) to determine if trial evidence applies to patients. Clinical trials only determine if a given as-is treatment has a mean differential effect size; and (3) equipoise. There are no differences between treatments and there is no evidence that trauma-focused therapy is superior to present-centered therapy. The science challenge is to move beyond efficacy trials to generate pragmatic algorithms to generate evidence-based ideographic approaches to improve outcomes and reduce dropout, and to generate methods to utilize healthcare systems to generate, test, and implement improvements to PTSD treatment. Infrastructures for data collection and examination are required and networks need to be formed to cull and share observational evidence and as a resource for pragmatic trials. Reducing the gap between science and practice will create cycles of real-world discovery, hypothesis generation, and real-world confirmation, iteratively. In this symposium, each presenter will describe their experiences addressing these challenges and current and future plans to redress the science to care gap.

Lessons Learned from the Implementation of Trauma-Focused Cognitive Behaviour Therapy in the UK National Health Service
(Clin Res, Clinical Practice-Train/Ed/Dis, Adult, A, Industrialized)

Ehlers, Anke, PhD
Oxford University, OxCADAT, Oxford United Kingdom

The presentation will discuss results for the implementation of trauma-focused CBT (TF-CBT) in individual UK outpatient clinics and the national roll-out in the English National Health Service through the Improving Access to Psychological Therapies (IAPT) program. Factors associated with loss of effectiveness compared to randomized clinical trials were explored. Data from three studies in individual outpatient clinics identified a few therapist and patient characteristics that predicted less favorable outcome, some of which were mediated by a less trauma-focused treatment. The national program IAPT aims to implement empirically supported psychological treatments for PTSD.
depression and anxiety disorders including PTSD. It established a new work force by training over 10,500 new psychological therapists and deploying them in new services. IAPT treats over 560,000 clients per year, obtaining clinical outcome data on 98.5% of these individuals, and places this information in the public domain. Around 50% of clients treated in IAPT services recover, and two-thirds show clinically worthwhile benefits (Clark, 2018). Data suggested some service-level factors that are related to poorer outcomes.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Arlington

The Science to Care and Quality Assurance Gaps in PTSD Treatment: Lessons Learned from Large Healthcare Systems

Improving PTSD Treatment in the U.S. Veterans Health Administration: Could Measurement-Based Care Lead to Practice-Based Evidence?
(Pub Health, Mil/Vets, Adult, A, Industrialized)

Rosen, Craig, PhD
VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA

As part of its efforts to increase evidence-based practice, the U.S. Veterans Health Administration (VHA) has worked to implement two PTSD treatments shown to be effective in clinical trials, Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). More than a decade after their introduction, CPT and PE constitute a small portion of VHA care, reaching fewer than 10% of veterans who receive psychotherapy for PTSD (Sripada et al, 2018). There is sparse data on the content or effectiveness of most psychotherapy that Veterans receive. Other components of PTSD care, including case management, residential treatment, acute hospitalization, and combinations of psychiatric medications, are rarely evaluated in randomized trials. VHA is currently working to implement systematic monitoring of patient outcomes to inform measurement-based care. If outcomes measurement fully takes hold in VHA, this could provide an infrastructure for generating ‘practice-based evidence’ on treatment issues not addressed in clinical trials. We detail the types of process and outcomes data needed to develop practice-based evidence, discuss potential analytic approaches at the clinic or health care system level, and provide examples of how such data could enable better practice-based decisions about the intensity, content, and sequencing of care for Veterans living with PTSD.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Arlington

The Science to Care and Quality Assurance Gaps in PTSD Treatment: Lessons Learned from Large Healthcare Systems

Using Key Patterns and Predictors of Treatment Response for Veterans with PTSD to Set a Research Agenda to Increase Evidence Led Decision Making for Practitioners
Outcomes following treatment in Australia’s PTSD programs for Veterans are modest. Growth mixture modelling to identify key patterns and predictors of response to evidence based treatments highlight significant variability in response trajectories. Results from 2686 Australian veterans treated in PTSD programmes indicated that participants fell into five distinct response classes with rates of change predicted by co-occurring depression and guilt, noting anger and dissociation were also important. Further, growth curve models identified differences in patterns of response across the four PTSD symptom clusters, with intrusions showing slow, continual improvement relative to the sharp improvements in the other three clusters followed by relatively minor change. Evidence of marked heterogeneity between Australian Veterans in response to PTSD treatment, highlights a need for personalised treatment. A program of research seeking to provide recommendations for a clear definition of treatment response, promoting early identification of treatment non-response, and investigating the efficacious use of evidence-based augmentation treatments to optimally manage PTSD and associated co-morbidities will be described.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Berkeley/Clarendon

Innovative Approaches to the Development and Evaluation of Trauma-Informed Care Programs in Health Care Systems
(Prevent, Health-Illness-Train/Ed/Dis-Self-Care, Lifespan, I, Industrialized)

Marsac, Meghan, PhD
University of Kentucky, Kentucky Children's Hospital/University of Kentucky, Lexington, Kentucky, USA

30% of children with a medical condition, their siblings, and their parents develop significant symptoms of posttraumatic stress resulting from medical challenges. Additionally, the majority of children and families presenting for medical care have already been exposed to one or more potentially traumatic events. 50-80% of healthcare providers report significant levels of burnout related, in part, to regular exposure to traumatic events in the context of their work. Many providers also enter the workforce with trauma histories, thus, carrying their own trauma from their past into the work environment. As we have begun to recognize the impact of trauma-exposure, the shift towards full integration of trauma-informed medical care in healthcare systems is rapidly progressing. In this symposium, we bring together several unique approaches to trauma-informed medical care. Dr. Marsac will report on a trauma-informed care (TIC) program aimed to support healthcare providers in caring for their patients and themselves. Dr. Alderfer will describe multiple perspectives (providers, caregivers, patients, and siblings) on the role of play in TIC and how these perspectives informed the development of three new programs. Dr. Kassam-Adams will describe a new multi-method approach to the assessment of TIC within an emergency department during pediatric resuscitation event simulations. Drs. Halladay Goldman and Purbech Trunzo will describe the development and validation of the Trauma-Informed Organizational Assessment tool, which provides a framework through which to evaluate TIC within organizations. Taken together, results from this symposium can be used to
guide the implementation and evaluation of TIC programs within healthcare systems (as well as other organizational systems), with a goal of improving both patient and staff long-term well-being.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Berkeley/Clarendon

**Innovative Approaches to the Development and Evaluation of Trauma-Informed Care Programs in Health Care Systems**

**Trauma-Informed Medical Care: It’s Not Just for Patients…Or Is It?**
(Train/Ed/Dis, Clinical Practice-Health-Illness-Self-Care, Other, I, Industrialized)

*Marsac, Meghan, PhD*1; *McGar, Ashley, BA*2; *Kindler, Christine, MA*2; *Ragsdale, Lindsay, MD*2

1*University of Kentucky, Kentucky Children’s Hospital/University of Kentucky, Lexington, Kentucky, USA*
2*University of Kentucky, Lexington, Kentucky, USA*

Healthcare providers are exposed to potentially traumatizing medical events daily, which contribute to secondary trauma reactions and burnout. Strategies to mitigate the consequences of secondary trauma exposure are essential to maximize healthcare provider performance and prevent burnout. In this presentation, we will describe the initial evaluation of a multi-faceted trauma-informed care training program, which aimed to aid providers in applying TIC to their patient care and to themselves. 292 healthcare providers completed the training. Participants completed measures immediately pre-intervention (T1), immediately post-intervention (T2) and at 1 month (T3) and 6 month follow-up assessments (T4). Confidence in the delivery of trauma-informed care increased significantly from T1 to T2, with changes maintained at T3 and T4. Emotional exhaustion (one component of burnout) increased from T1 to T3 and sustained at T4. No significant other significant changes were identified. Brief trainings with minimal follow-up may have the capacity to increase knowledge and confidence in trauma-informed care but more intensive interventions or other intervention targets may be needed to reduce burnout.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Berkeley/Clarendon

**Innovative Approaches to the Development and Evaluation of Trauma-Informed Care Programs in Health Care Systems**

**Integrating Play in Trauma-Informed Pediatric Healthcare for Children and Families**
(Clin Res, Dev/Int-Illness, Child/Adol, I, Industrialized)

*Alderfer, Melissa, PhD*1; *Okonak, Katherine, LSW*1; *Christofferson, Jennifer, MS, PhD Student*1; *Kelly, Carrie, CCLS*2; *Mendez, Gloria, MS, CCLS*2; *Pierce, Jessica, PhD*2; *Ramirez Perez, Alejandra, BA*1; *Schifano, Elizabeth, LMSW*2; *Thomas, Courtney, MS*1; *Deatrick, Janet, PhD, FAAN*3; *Sciolla, Jennifer, MS, CTRS, CCLS*1; *Kazak, Anne, PhD, ABPP*1

182
Presenters’ names are in bold. Discussants’ names are underlined. Moderators’ names are in bold and underlined. GuidestoKeywordAbbreviationslocatedonpages1-3. (PrimaryKeyword,SecondaryKeywords,Populationtype,PresentationLevel,Region)
Play provides children with a way to express emotions, process and understand experiences, and gain mastery and control. Based upon this knowledge, we undertook research to explore play as a way to deliver trauma-informed pediatric healthcare. Focus groups and interviews were used to gather perspectives of healthcare providers (n=30), caregivers (n=44), patients (n=24), and siblings (n=14) regarding the role of play. Qualitative findings were presented to additional providers (n=49) and caregivers (n=6) and to KidsHealth (n=16) and toy industry experts (n=15) to refine ideas regarding possible interventions to support play-based trauma-informed pediatric healthcare. We learned that providers and families generally value play in healthcare, but that providers are not trained in nor universally skilled at integrating play and trauma-informed care in their work. These findings initiated: a) a provider training on trauma-informed care and play; b) the “Our Journey” program; and, c) the “Medical Sidekick.” This presentation will describe the interventions with a focus on the provider training which is currently being introduced and pilot tested in our pediatric healthcare system. We expect that this training will be feasible, acceptable, and improve awareness of pediatric medical traumatic stress and the use of play in a trauma-informed way in pediatric healthcare.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Berkeley/Clarendon

Innovative Approaches to the Development and Evaluation of Trauma-Informed Care Programs in Health Care Systems

Multi-Method Assessment of Trauma-Informed Care
(Train/Ed/Dis, Illness, Other, I, Industrialized)

Kassam-Adams, Nancy, PhD1; Kohser, Kristen, MSW1; Auerbach, Marc, MD, MsC2; Myers, Sage, MD1
1Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
2Yale University School of Medicine, Yale-New Haven Children's Hospital, New Haven, Connecticut, USA

Many organizations are undertaking trauma-informed care (TIC) training or quality improvement (QI) programs. To evaluate the effectiveness of these efforts, we need to be able to accurately assess whether and how professionals put TIC into practice. TIC principles have been fairly well-delineated, but specific TIC behaviors and practices vary by service system and the context of care, and have not always been clearly defined. This poses a challenge for assessment: how do we know when TIC is being delivered? We will describe a project that employs multiple methods to measure TIC and family-centered care (FCC) in emergency medical care for children. Based on the research literature and input from frontline providers and parents, we defined specific TIC behaviors and practices during pediatric resuscitation care. We then mapped these to self-report measures for individual providers and an observational measure for health care teams. We adapted an existing measure of self-rated confidence in FCC to include specific TIC practices, and created a measure of self-reported TIC practice. Observers rate the presence and quality of a set of specific TIC practices during high-fidelity simulated resuscitation events. These measures can be used in research or as part of a hospital’s QI efforts. Future efforts will explore the addition of TIC indicators available from the medical record.
Symposium
Friday, November 15
3:00 PM to 4:15 PM
Berkeley/Clarendon

Innovative Approaches to the Development and Evaluation of Trauma-Informed Care Programs in Health Care Systems

The Development and Piloting of the NCTSN Trauma-Informed Organizational Assessment (TIOA), and its Application in Healthcare Settings
(Assess Dx, Commun-Comm/Int-Train/Ed/Dis-Self-Care, Child/Adol, I, N/A)

Halladay Goldman, Jane, PhD MSW; Purbeck Trunzo, Carrie, PhD, MSW; Agosti, Jen, MPP

1 National Center for Child Traumatic Stress, Los Angeles, California, USA
2 Duke University Medical Center/National Center for Child Traumatic Stress, Durham, North Carolina, USA
3 JRA Consulting, Ltd., North Andover, Massachusetts, USA

The American Academy of Pediatrics and American Medical Association have called upon healthcare providers to acknowledge the connection between child trauma, health, and well-being, and to provide trauma-informed care; but there has been little guidance around implementation of practices. The NCTSN has spent the past three years developing, refining and validating a Trauma-Informed Organizational Assessment (TIOA) which combines an assessment with implementation supports to help organizations assess their practice and make improvements across nine domains: screening; assessment, care planning and treatment; workforce development; resilience and protective factors; parent and caregiver trauma; cross-system collaboration; secondary traumatic stress; partnering with youth and families; and cultural responsiveness. This presentation will introduce the NCTSN TIOA, and describe the multi-method development, refinement, and validation of the assessment. Methods include the use of in-depth literature reviews, focus groups and a modified Delphi. Presenters will then share findings from the initial testing of the assessment items and implementation processes which included over 45 participants. Finally, the use of the TIOA in healthcare settings will be discussed in the context of an upcoming project where the TIOA will be implemented in 11 pediatric integrated-care sites.
Evidence-Based Assessment and Intervention among Hurricane-Exposed Youth: Disseminating Community-Wide Best Practices
(Commun, Commun-Death-Nat/Dis-Train/Ed/Dis, Child/Adol, M, Industrialized)

Kaplow, Julie, PhD, ABPP\(^1\); Pynoos, Robert, MD MPH\(^2\)
\(^1\)Baylor College of Medicine, Houston, Texas, USA
\(^2\)UCLA School of Medicine, Los Angeles, California, USA

Natural disasters, and hurricanes in particular, are increasing in intensity and frequency due to climate change and can have serious mental health consequences for those directly exposed. Four childhood trauma researchers will review findings focusing on implementation and dissemination of evidence-based assessment and interventions for hurricane-affected youth. Presentations will describe the process of collaborating with community-based systems and implementing trauma-focused assessment and treatment programs in a variety of post-disaster settings, including recent hurricanes such as Harvey and Irma. In addition, presentations will describe research findings on vulnerability (e.g., prior trauma history) and resiliency (e.g., self-efficacy) factors among hurricane-exposed children and caregivers and implications for effective implementation and dissemination of post-disaster evidence-based care. Key points of discussion will include lessons learned and best practices in conducting risk screening, assessment, and implementation projects as well as community-based participatory research in post-hurricane environments.

Evidence-Based Assessment and Intervention among Hurricane-Exposed Youth: Disseminating Community-Wide Best Practices

Community-Based Dissemination of a Multi-tiered Assessment and Treatment Protocol For Children Affected by Hurricane Harvey

Dodd, Cody, PhD\(^1\); Oosterhoff, Benjamin, PhD\(^2\); Hill, Ryan, PhD\(^1\); Kaplow, Julie, PhD, ABPP\(^1\)
\(^1\)Baylor College of Medicine, Houston, Texas, USA
\(^2\)Montana State University, Houston, Texas, USA

Due to the unfortunate recent increase in natural disasters, the childhood trauma field has made progress with regard to the implementation of evidence-based post-disaster assessment and treatment protocols. Although most programs typically focus on treating responses to the disaster itself, the majority of disaster-exposed youth who develop mental health problems have often experienced prior traumas and losses. In this presentation, we will describe the implementation of a large-scale learning collaborative designed to train providers in a multi-tiered assessment and treatment protocol including: (1) administration of a hurricane exposure-based screening tool to identify at-risk
youth; (2) administration of pretreatment trauma- and grief-related measures; and (3) use of assessment results to
guide the implementation of Trauma and Grief Component Therapy (TGCT), a modularized intervention evidence-
based treatment. We will present findings from 120 ethnically diverse youth ages 7-18 years (M = 13.79, SD = 2.43)
affected by Hurricane Harvey, including rates of exposure to hurricane-related risk factors, pre-existing traumas and
losses, posttraumatic stress, and depressive symptoms. We will also describe key aspects in the dissemination of
TGCT, including lessons learned and recommendations regarding best practices for care provided in post-hurricane
settings.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Dartmouth/ Exeter

Evidence-Based Assessment and Intervention among Hurricane-Exposed Youth: Disseminating Community-Wide Best Practices

Supporting Child and Adolescent Resilience Following Disasters
(Clin Res, Chronic-Nat/Dis-Tech/Dis, Lifespan, M, Industrialized)

Osofsky, Joy, PhD; Osofsky, Howard, MD PhD
LSU Health Sciences Center, New Orleans, Louisiana, USA

While over 175 million youth are impacted by disasters each year, in most situations, their needs during recovery receive insufficient attention. The traumatic effects of displacement, loss of homes, and separation from families and community have a significant immediate impact that can also influence development over time. For underserved communities that already experience disparities in care and increased exposure to trauma, recovery is likely to be more difficult. Further, traditional supports for children are also often limited after catastrophic events. It is important to recognize that the response and recovery process can contribute to fostering resilience, especially with support provided by family, school, and community. However, post disaster policies and interventions generally pay more attention to problems and solutions during recovery with less focus on factors that promote self-efficacy and resilience. The data gathered by our programs following Hurricane Katrina and the Gulf Oil Spill in the United States demonstrated the importance of a systems approach to helping youth in their recovery. Data will be presented indicating the importance of focusing on children and adolescents’ perspectives of their self-efficacy as well as individual, school and family resilience.

Symposium
Friday, November 15
3:00 PM to 4:15 PM
Dartmouth/ Exeter

Evidence-Based Assessment and Intervention among Hurricane-Exposed Youth: Disseminating Community-Wide Best Practices

Promoting Resilience and Recovery After Hurricane Maria in Puerto Rico: A Multi-Tiered, Culturally Sensitive, Trauma-Focused Approach
(Train/Ed/Dis, Cul Div-Global-Nat/Dis-Train/Ed/Dis, Other, M, Industrialized)
Hurricane Maria made landfall in Puerto Rico on September 20, 2017, becoming the most devastating storm to impact the island in almost a century. Natural disasters can adversely impact children and schools provide an ideal setting to implement wide-reaching interventions that can bolster resiliency and recovery. This presentation will focus on the process by which our team established a partnership with the Puerto Rico Department of Education to implement a multi-phase, culturally sensitive, trauma-focused intervention model using a Community Based Participatory Approach. We describe outcomes of our three phases: 1) Psychological First Aid trainings (three weeks post hurricane) for school teachers and staff; 2) Skills for Psychological Recovery training (six months post hurricane) for school social workers and psychologists to meet the needs of students with sub-clinical trauma-related concerns and; 3) Trauma-Focused Cognitive Behavioral Therapy training (one year post hurricane) for school psychologists to address higher level and unremitting trauma-related symptoms in students. We will present on the process by which key partnerships were established, the step-by-step implementation and cultural adaptation process, barriers encountered, and lessons learned in reaching historically underserved populations within a post-disaster context.

**Evidence-Based Assessment and Intervention among Hurricane-Exposed Youth: Disseminating Community-Wide Best Practices**

**Refining the Conceptualization of Posttraumatic Stress and of Trauma Exposure in the Aftermath of Disasters: Implications for Youth**

( Assess Dx, Nat/Dis, Child/Adol, M, Industrialized)

La Greca, Annette, PhD; Danzi, BreAnne, MS

University of Miami, Coral Gables, Florida, USA

Climate-related disasters are on the rise and children are vulnerable. Here we address the conceptualization of PTSD and trauma exposure, with implications for assessing and treating youth. First, the conceptualization of PTSD needs re-evaluation in preadolescents (7-12 years), who were not included in the evidence-base for developing DSM-5 and ICD-11. Our data on youth exposed to Hurricanes Charley and Ike found that adult-based DSM-5 and ICD-11 criteria fit preadolescents’ disaster reactions, but identify different youth (e.g., only 45% of youth meeting criteria for PTSD after Charley met both sets of criteria; each definition missed youth with possible PTSD). We also found that developmentally-sensitive DSM-5 criteria (for ages < 6) captures all the preadolescents identified by DSM-5 or ICD-11. This raises the question of how PTSD should be conceptualized in preadolescents. Second, the definition of trauma exposure needs to be expanded to include life-threatening events before a disaster strikes. After Hurricane Irma, which led to a massive evacuation (> 6.5 million in FL), we assessed 558 parents, finding that before-the-storm stressors and life-threat perceptions significantly predicted parents’ and children’s PTSD, even controlling for hurricane exposure during and after the storm. Implications for assessing and treating youth after disasters will be discussed.
Lessons from the Field: Conducting Compassion-Based Interventions among Veterans with Posttraumatic Stress Disorder
(Clin Res, Clinical Practice-Sub/Abuse-Mil/Vets-Moral, Adult, I, Industrialized)

Eaton, Erica, PhD¹; Kearney, David, MD²; Elwy, A. Rani, PhD³; Pieczynski, Jessica, PhD⁴
¹VA, Providence VA Medical Center, Providence, Rhode Island, USA
²VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA
³VA Boston Healthcare System, Bedford, Massachusetts, USA
⁴Santa Maria/San Luis Obispo CBOCs, Santa Maria, California, USA

Front-line interventions for trauma have shown efficacy in reducing PTSD in Veteran samples (Eftekhari et al., 2013; Monson et al., 2006), however concerns about client drop-out and nonresponse rates raise questions about their effectiveness (Kehle-Forbes et al., 2016; Rosen et al., 2019). This panel will bring together leading clinicians and researchers to review applications of compassion-based interventions for Veterans with PTSD. Four research projects will anchor the discussion of lessons learned and adaptations for compassion-based practices as well as design of future studies: Dr. Pieczynski will report on the feasibility and acceptability of Mindful Self-Compassion (MSC) among Veterans. Dr. Eaton will share experiences of implementing MSC among Veterans with PTSD-SUD and for those suffering with moral injury. Dr. Kearney will discuss findings of a RCT (N=184) comparing Loving Kindness Meditation to Cognitive Processing Therapy among Veterans with PTSD. Finally, Dr. Elwy will discuss the need for pragmatic and practice-based designs to further investigate compassion-based interventions for Veterans with PTSD and strategies for translating the science into practice. Presentations will be followed by open exchange among panelists and audience members to stimulate a unique conversation about the key challenges for conducting compassion-based interventions among Veterans.
In this panel, we will review the creation of the National Center for PTSD (NCPTSD) and describe the Center’s past, present, and future activities. The Center was founded in 1989 not long after the founding of ISTSS, with overlapping members. This mutuality has persisted to the present. NCPTSD has supported ISTSS in numerous ways, and the organizations have arguably enriched one another’s progress. Panel members will describe the Center’s history and evolution, from an original 5 divisions to the current 7 divisions, plus a Brain Bank and PTSD Mentoring and Consultation Programs. Specific content will be presented on behavioral science (including assessment and treatment), neuroscience, and education. Discussion also will include the Center’s operational priorities—biomarkers, enhancing treatment, systems issues, implementation science, DSM-5, and suicide—and how these priorities help to advance knowledge about traumatic stress. The discussion will be framed in the broader context of ISTSS, the Department of Veterans Affairs, and the field at large.

**Workshop Presentation**
Friday, November 15
3:00 PM to 4:15 PM
Salon C/D

**Implementing Prolonged Exposure with Patients Using Cannabis: Strategies and Challenges**
(Clin Res, Sub/Abuse, Adult, M, Industrialized)

Bedard-Gilligan, Michele, PhD¹; Walker, Rosemary, MS¹; Feeny, Norah, PhD²; Zoellner, Lori, PhD¹

¹University of Washington, Seattle, Washington, USA
²Case Western Reserve University, Cleveland, Ohio, USA

With increased legalization of medical and recreational cannabis in the US, rates of use are increasing (Hasin et al., 2015) and PTSD is a primary reason for individuals to seek out medical cannabis (Bowles, 2012). In outpatient PTSD clinics use of cannabis is prevalent (Gentes et al., 2016), however the effects of cannabis on PTSD recovery remain poorly understood. There are unique challenges implementing PTSD treatment with patients using cannabis including increased dropout, reduced adherence, and attenuated response (Bedard-Gilligan et al., 2018). This workshop will address strategies for assessing and treating PTSD using exposure therapy in patients using cannabis. We will focus on comprehensively assessing cannabis use, including demonstration of empirically validated assessments to understand use patterns, dose, and subjective effects of cannabis. We will present strategies for increasing motivation for PTSD treatment, adaptations for reducing non-adherence and drop-out, and strategies for preventing escalation of cannabis use during treatment. Case examples will be presented from an ongoing clinical trial implementing exposure therapy for PTSD patients with comorbid cannabis use disorder. Strategies to increase effective intervention with patients who use cannabis has important utility for improving clinical response.
Multi-Media Presentation  
Friday, November 15  
3:00 PM to 4:15 PM  
Fairfield

Murmulllos Del Silencio: Listening to Mexican Children of the Holocaust  
(Multi-Media, Cul Div-Fam/Int-Aging-Intergen, Lifespan, I, Latin Amer & Carib)

Kudler, Harold, MD; Kurian-Fastlicht, Stephanie, PhD; Cohen, Aaron, BA; Danieli, Yael, PhD; Albeck, Joseph, MD; Cohen, Esther, MA

1Duke University Medical Center, Durham, North Carolina, USA  
2Centro Mexicano para el Estudio del Trauma y la Violencia, S. C. (CETRAV), Lomas de Chapultepec, DF, Mexico  
3Cohen y Cohen Creatividad S.C., Huixquilucan, Estado de Mexico, Mexico  
4Founder and Director, International Center for the Study, Prevention and Treatment of MultiGenerational legacies of Trauma, New York, New York, USA  
5Harvard Medical School, Retired, Waban, Massachusetts, USA

The impact of the Holocaust didn't end with the liberation of concentration camp prisoners at the end of World War II: It persists in the mental and physical scars of the survivors and flows to their descendants. This documentary, whose title translates in English as “Whispers of Silence”, brings the viewer face to face with Mexican children of Holocaust survivors, a hitherto understudied population. Through a series of highly personal vignettes which are further informed by the insights of a diverse, international group of experts, it distills key lessons about the pathways of trauma across oceans, cultures and generations. This session, sponsored by the ISTSS Special Interest Group (SIG) on the Intergenerational Transmission of Trauma and Resilience, features commentary by Dr. Stephanie Kurian Fastlicht whose vision created and informs the documentary, Aaron Cohen, Director, and Yael Danieli, Past President and co-founder of ISTSS and leading authority on the multigenerational effects of trauma and the ubiquitous conspiracy of silence which plays such a powerful role in its legacies. Dr. Danieli’s data-based framework of differing survivor adaptation styles leading to offspring reparative impacts serves as the core theoretical construct for this film. Joseph Albeck, Past SIG chair, will serve as discussant. Ample time will be allotted for open discussion with the audience.

Oral Paper Presentation  
Friday, November 15  
3:00 PM to 4:15 PM  
Suffolk

Flash Talks Session Four

Comparison between PTSD Symptom Networks of Veterans with Combat Versus Other Types of Index Trauma  
(Assess Dx, Mil/Vets-Theory, Adult, M, Industrialized)

Macia, Kathryn, PhD Student; Raines, Amanda, PhD; Franklin, C Laurel, PhD  
Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

190

(Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined. Guides to Keyword Abbreviations located on pages 1-3. (Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Network analysis has become increasingly popular among PTSD researchers for studying causal structure or interrelationships among symptoms, but some have noted that results do not seem to be highly consistent across studies. Two recent studies provided evidence of network replicability across samples and assessment methods. To better understand what may account for differences, we compared PTSD symptom networks between veterans with a combat versus other index trauma. Participants were 944 veterans who completed the PTSD Checklist for DSM-5 at intake in two VA PTSD clinics. To increase validity of comparisons, networks were estimated in multiple bootstrap samples of equal size then averaged. Both networks had good accuracy and stability (CS-coefficients > 0.5). There were many similarities between networks. Consistently strong edges were found between theoretically similar symptoms (e.g., avoidance), and negative emotions was consistently a highly central symptom. However, the correlation of edge weights (0.51) and centrality scores (0.42) across networks suggested only moderate correspondence, and some notable differences were found, including detachment being a more central symptom in the combat trauma network. Overall, results may help to understand some of the variation in PTSD presentation and network findings among veterans with combat versus other types of index trauma.

Flash Talks Session Four

An Evaluation of an Integrated Mental Health and Non-Communicable Prevention Intervention among Syrian Refugees in Border Communities

Powell, Tara, PhD MPH
University of Illinois at Urbana-Champaign, Urbana, Illinois, USA

Objective. The Syrian civil war has been labeled the worst humanitarian crisis since World War II. Those living in exile from their home country are at a disproportionate risk for physical and mental health symptoms. Given the high influx of Syrian Refugees in Jordan, border communities have been unable to provide adequate healthcare to individuals with chronic diseases (NCDs) and mental health conditions. To address the need for physical and mental health services among Syrian Refugees in Jordan this study explored the impact of health education interventions addressing non-communicable disease and mental health. This study included: NCD prevention intervention; NCD plus mental health awareness intervention (MHPSS); and treatment as usual. Self-report measures including PTSD and social support and Biometric data was collected at four time points. Results indicated that those who took part in the MHPSS+NCD intervention had significantly greater improvements on physical health measures including weight reduction F(4, 331)=45.29, P<.001 and; Fasting Blood Sugar F(4, 341)=5.10, P<.001. PTSD symptoms significantly reduced across in both intervention groups F (3, 404)=10.47 P<.01. Conclusion. Future studies should continue to examine integrating mental health awareness into chronic disease prevention interventions with trauma affected populations.

Flash Talks Session Four

Patterns and Correlates of Racial/Ethnic Differences in Posttraumatic Stress Disorder Screening among Recently Separated Veterans
(CulDiv, Assess Dx-Mil/Vets-Epidem, Adult, I, Industrialized)

McClendon, Juliette, PhD1; Perkins, Daniel, PhD2; Copeland, Laurel, PhD MPH3; Finley, Erin, PhD MPH4; Vogt, Dawne, PhD5
1National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
2Penn State University, State College, Pennsylvania, USA
3VA Central Western Massachusetts Health Care System, Temple, Texas, USA

191
Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guides to Key word Abbreviations located on pages 1-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Objective: The current study describes patterns and correlates of PTSD screening across race/ethnicity and gender in a sample of 9,420 veterans recently separated from the military. Veterans who identified as White (n=6,222), Hispanic/Latino (n=1,313), Black (n=1,027), Asian/Hawaiian/Pacific Islander (n=420) and multiracial (n=438) were included. Method: Trauma exposure and PTSD were assessed with the Primary Care PTSD Screen for DSM-5. Contextual factors included the intensity of life stress, social support, and sociodemographics (e.g., income).

Results: Among men and women, positive PTSD screening rates were significantly elevated among Black, multiracial, and Hispanic/Latino veterans compared with White veterans. Sociodemographics, trauma exposure, stress and social support accounted for elevated positive screening rates among all racial/ethnic groups except Black men and multiracial women. Conclusions: Findings suggest that Black, Hispanic/Latino and multiracial veterans are at higher risk for PTSD shortly following separation from the military. Contextual factors explain the excess risk among some subgroups. Further specifying disparities in PTSD diagnostic rates and risk factors will enable targeted and tailored intervention among veteran subgroups.

Flash Talks Session Four

Protective Factors against Youth Exposure to the Trauma of Community Violence: Maternal Warmth and Psychosocial Maturity
(Clin Res, Aggress-Comm/Vio-Dev/Int-Fam/Int, Child/Adol, M, N/A)

Mozley, Michaela, MS, PhD Student1; Kerig, Patricia, PhD2
1University of Utah, Salt Lake City, Utah, USA
2University of Utah, Department of Psychology, Salt Lake City, Utah, USA

Trauma exposure, in particular exposure to community violence (ECV), is associated with negative psychological and behavioral outcomes for youth (Fowler et al., 2009). Although previous research has uncovered factors that increase the risk of ECV, including youth antisocial behavior (Burnside et al., 2018), little attention has been paid to factors that may protect against these adverse experiences. Parent-child relationship quality may constitute a protective factor. Positive parenting has been shown to increase youths’ development of psychosocial maturity (PM; Mantzicopoulos et al., 1998), which lowers risk for antisocial behavior (Simmons et al., 2018). To investigate whether these factors are protective against ECV, a longitudinal sample of 1,169 adolescents (1,003 boys, 166 girls) completed self-report measures of maternal warmth/hostility(Time-1), PM(Time-2), aggressive offending(Time-2), and ECV(Time-3). Results of mediational analyses utilizing Hayes (2018) PROCESS macro demonstrated that maternal warmth was related to decreased ECV through increased PM and decreased aggressive offending. In contrast, maternal hostility was related to increased ECV through decreased PM and increased aggressive offending. Results suggest that interventions seeking to reduce negative effects of traumatic ECV may benefit from targeting parent-child relationship quality and youths’ PM.

Flash Talks Session Four

Depression Mediates the Association of Assault-Related Military Sexual Trauma and Poor Sexual Function in Female Service Members and Veterans
(Practice, Depr-Rape-Mil/Vets, Adult, I, N/A)

Livingston, Whitney, BA/BS; Fargo, Jamison, PhD; Blais, Rebecca, PhD
Utah State University, Logan, Utah, USA
Assault-related military sexual trauma (MST-A) is associated with lower sexual function among female service members/veterans (SM/Vs). Recent research showed that worse posttraumatic stress disorder (PTSD) symptom clusters of anhedonia and dysphoric arousal mediated the association of MST-A and sexual function. Such clusters represent the depressive symptoms of PTSD and theories of sexual function suggest that depression worsens sexual function. Using path analysis, the current study examined whether depression severity mediated the association of MST-A and sexual function after accounting for demographic characteristics and PTSD-related anhedonia and dysphoric arousal. Female SM/Vs (N=697) completed measures of MST, depression, PTSD-related anhedonia and dysphoric arousal, sexual function, and a demographic inventory. Fit indices evidenced strong model fit, $\chi^2(12, N=697)=18.8, p=.09$, CFI=.997, TLI=.993, SRMR=.018, and RMSEA=.029, and the indirect effect of depression severity was significant ($p<.001$). Findings suggest that even after accounting for established mediators of MST-A and sexual function, depression severity may be another mechanism of this association. Treatment of poor sexual function among MST survivors must address depressive symptoms. As medications for depression can exacerbate sexual issues, psychotherapy may be the most effective treatment strategy.

Flash Talks Session Four

Communication between Soldiers and Partners during Deployment Predicts Service-Member and Relationship Well-being
(Prevent, Fam/Int-Mil/Vets, Adult, M, Industrialized)

Erbes, Christopher, PhD, ABPP; Balderrama-Durbin, Christina, PhD; Polusny, Melissa, PhD; Vogt, Dawne, PhD; DeGarmo, David, PhD

1Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota, USA
2Binghamton University (SUNY), Binghamton, New York, USA
3Minneapolis VAHCS, Center for Chronic Disease Outcome Research, University of Minnesota Medical School, Minneapolis, Minnesota, USA
4National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
5University of Oregon, Eugene, Oregon, USA

The potential benefits and costs of the more real-time, frequent, and prominent communication between service members and their spouse/partners during combat deployments to Iraq and Afghanistan in the recent wars have been debated but seldom studied. We surveyed 1020 National Guard Soldiers and their spouse/partners over the course of a deployment to Iraq and Kuwait during Operation New Dawn in 2011-2012. Soldiers and their partners completed measures of relationship functioning (including the brief Dyadic Adjustment Scale) and distress (including the PTSD Checklist) before and after deployment. In addition, during deployment, partners completed the Deployment Communication Inventory assessing Frequency, Assurance/Support, Problem Solving, Conflict, and perceived Costs and Benefits of their communication with soldiers. Preliminary regression analyses suggest that changes in partner relationship satisfaction were predicted by communication Conflict, Assurance/Support, and perceived Benefits; changes in Soldier satisfaction were related only to communication Conflict. In addition, increased Soldier PTSD symptoms from pre- to post-deployment were predicted by partner ratings of during-deployment Conflict in communications. In-theater communication between service-members and loved ones is multifaceted with potential benefits and risks for service member and family well-being.

Flash Talks Session Four

"I Can't Handle This": How Distress Tolerance Relates to Treatment Engagement and Symptom Improvement from an Exposure-Based Treatment for Sexually Abused Incarcerated Women
(Clin Res, Complex-Depr-Rape, Adult, M, Industrialized)

193

Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined.
GuidestoKeywordAbbreviationslocatedonpages1-3.
(PrimaryKeyword,SecondaryKeywords,PopulationType,PresentationLevel,Region)
Berman, Ilana, MA PhD Student; Bridges, Ana, PhD
University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA

In general, participants demonstrate symptom improvement (PTSD, depression) from an eight-week exposure-based treatment for sexually abused incarcerated women (See Karlsson et al., 2015), but some improve more than others. Given the distressing nature of exposure-based treatment, we explored the relation of self-reported baseline distress tolerance (DT; using the Distress Tolerance Scale) with participants' level of emotional engagement (as rated by therapists) during her exposure session and overall symptom improvement (PCL-5 for PTSD; PHQ-9 for Depression) from pre- to post-treatment. Contrary to expectations, women with lower pre-treatment DT expressed higher levels of emotion during their exposures, $F(1, 70) = 7.26, p < .01, R^2 = .09$. Linear regression models of symptom change indicated no unique contributions from DT after accounting for pre-treatment symptoms; however, modeling non-linear relations with DT demonstrated independent contributions from both DT and pre-treatment symptoms, $F(3, 64) = 41.18, p < .001, R^2 = .20$; $F(3, 64) = 33.25, p < .001$ for models of symptom change in PTSD and depression respectively. Therefore, women with low to moderate pre-treatment DT expressed more emotionality during exposures and demonstrated the greatest PTSD and depressive symptom reduction whereas those with moderate to high baseline DT demonstrated fewer gains from treatment.

Flash Talks Session Four

Complexity and Resilience: Effects of Complex Trauma Histories and Negative Affect and Cognitions on Multi-Faceted Resilience among Pregnant Women
(Assess Dx, CPA-Chronic-Complex-DV, Adult, I, Industrialized)

Grein, Katherine, MA PhD Student; Scrafford, Kathryn, PhD Student; Miller-Graff, Laura, PhD
University of Notre Dame, Notre Dame, Indiana, USA

Complex potentially traumatic event (PTE) exposures (e.g., multiple types) have been linked to more negative mental health (Cloitre et al., 2009). Resilience may be protective of mental health; however, PTEs and PTSD symptoms – including negative affect/cognitions (NAC) theorized to maintain PTSD (Ehlers & Clark, 2000)-may also affect resilience. Understanding resilience is particularly important for women experiencing transitions that accompany pregnancy. This study aims to explore how PTE complexity and NAC symptoms affect multi-faceted resilience among pregnant women. Participants were N=69 (M age=26.94 years, SD=5.64; 39.1% African American) women followed from pre-partum (T1) to 4 months post-partum (T3). It was hypothesized that the interaction of childhood adversities (ACEs) and intimate partner violence (IPV) would predict T1-T3 reductions in resilience beyond individual exposure; NAC symptoms would predict additional variance. In a hierarchical regression, the interaction of ACEs and IPV significantly predicted T1-T3 changes beyond individual exposure for family support, identity, and personal skills ($R^2$ change=.060-.067, $p=.005-.031$). NAC symptoms predicted additional variance in family support ($p=.04$). Exposure to ACEs and IPV reduce resilience that could otherwise be protective; programs for PTE-exposed pregnant women may need to address resilience-building.

Flash Talks Session Four

Substance Misuse as a Coping Mechanism to Manage the Effects of Past and Current Trauma Exposure among Female Sex Workers in Kibra, Informal Settlement, Nairobi, Kenya
(Pub Health, Social-Sub/Abuse-Gender, Adult, I, E & S Africa)
O’Neill, Kathryn, MPH candidate; Ongeri, Linnet, BSc(Med), MBChB, FRCP, FRSSAf, PhD, DPhil; Denckla, Christy, PhD; Ouma, Linet, DrPH; Borba, Christina, PhD, MPH; Manduku, Veronica, BSc(Med), MBChB, FRCP, FRSSAf, PhD, DPhil
1Boston University School of Public Health, Boston, Massachusetts, USA
2Kenya Medical Research Institute, Nairobi, Kenya
3Harvard School of Public Health, Boston, Massachusetts, USA
4Boston University School of Medicine, Boston, Massachusetts, USA

Objective: Previous research has illustrated the interrelated nature of female commercial sex work, substance use, and trauma exposure. The objective of this study is to understand female sex workers’ (FSW) paths to substance misuse and to identify opportunities for intervention in this population.

Methods: Interviews were conducted with 22 FSW who live in Kibra, an economically marginalized informal settlement in Nairobi, Kenya. Adapted respondent-driven sampling was used to identify participants eligible to enroll in the study. In-depth 1:1 interviews were conducted and subsequently coded using thematic analysis to understand participants’ perceptions of substance use.

Results: Preliminary data analysis identified 3 key themes related to pathways to substance misuse: substance use as a coping mechanism for traumatic stress, substance use as a method to bolster confidence and enhance job performance, and substance use as a byproduct of new social networks with high rates of drug use. FSW expressed interest in interventions that provided them a pathway out of sex work.

Conclusion: Interventions that promote self-confidence and self-advocacy have the potential to indirectly reduce substance misuse among FSW in Kibra. Future research for policy and practice should examine the role of health coping mechanisms for traumatic stress on substance misuse in this population.

Flash Talks Session Four

Mental Health Service Utilization Following a Mass Shooting: The Effects of Posttraumatic Cognitions and Pre-Shooting Emotion Dysregulation

Reffi, Anthony, PhD Student; Ellis, Robyn, BA/BS; Darnell, Benjamin, BS; Pinciotti, Caitlin, MA PhD Student; Orcutt, Holly, PhD
1Northern Illinois University, DeKalb, Illinois, USA
2Northern Illinois University, Department of Psychology, DeKalb, Illinois, USA

Disaster research indicates low rates of mental health service utilization (MHU) among those with an apparent need for treatment. The current study investigated the role of posttraumatic cognitions and pre-shooting emotion dysregulation in MHU (therapy/medication) following a mass shooting, above and beyond the effects of time, age, posttraumatic stress disorder symptoms (PTSS), and depression symptoms. Undergraduate women (Mage = 19.23, SD = 2.39) were participating in a study on sexual victimization when a shooting occurred on Northern Illinois University’s (NIU) campus. A longitudinal study was then implemented to monitor post-shooting adjustment. Multilevel analyses were conducted on the following assessments: 15 months prior to the shooting (n = 468); and nine months (n = 416); 15 months (n = 420); 21 months (T3; n = 424); 26 months (T4; n = 418); and 33 months later (T5; n = 416). Controlling for time and age, both PTSS (β20 = .52) and depression symptoms (β30 = .40) predicted an increase in the log-odds that individuals would utilize mental health services after the shooting (ps < .001). However, posttraumatic cognitions did not predict MHU when added into the model (β40 = .24, p = .16). Finally, pre-shooting emotion dysregulation independently and positively predicted MHU (β01 = .52, p < .05).
Friday, November 15, 2019
Concurrent Session Eight

Invited Panel
Friday, November 15
4:30 PM to 5:45 PM
Salon E/F

State of the Art in Resilience Research: Interdisciplinary Perspectives and Recommendations for Best Practices
(Assess Dx, CPA-Cul Div-Global-Aging, Lifespan, M, Global)

Denckla, Christy, PhD1; Koenen, Karestan, PhD1; Cicchetti, Dante, PhD2; Kubzansky, Laura, PhD MPH1; Seedat, Soraya, MD PhD3; Teicher, Martin, MD, PhD4; Williams, David, PhD1
1Harvard School of Public Health, Boston, Massachusetts, USA
2University of Minnesota, Institute of Child Development, Minneapolis, Minnesota, USA
3Stellenbosch University, Dept Psychiatry, Faculty of Medicine and Health Sciences, Tygerberg, Cape Town, Stellenbosch, South Africa
4McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA

The groundswell of research on resilience over the past decade suggests an emerging paradigm shift away from disease-focused to health-focused research (Kalisch et al., 2017). A pubmed search suggests a 4-fold increase in research using the keyword “resilience” between 2008 and 2018, compared to only a 1.7-fold increase in research focused on “trauma and stress” during that same time period. This growing body of research holds the promise of filling the prevention gap, yet critical barriers remain including limited access to longitudinal, prospective datasets, a lack of consensus on operational definitions of resilience, and a focus on resilience factors rather than active processes. In this invited panel, a team of five expert scientists from different disciplines will tackle some of the most pressing current questions in the field of resilience research including, (1) Advances in consensus definitions of resilience in the past decade, (2) Key determinants or drivers of resilience emerging from technological and methodological innovations, (3) Emerging applications for prevention and public health, (4) Best research practice recommendations, and (5) Implications for social equity.
The Caregiver Support Intervention: Strengthening the Psychosocial Wellbeing of Syrian Refugee Children in Lebanon by Strengthening the Wellbeing and Parenting of their Caregivers

(P) Miller, Kenneth, PhD
War Child Holland, Amsterdam, Netherlands

Mental health and psychosocial interventions with refugee children have traditionally prioritized direct work with children, while overlooking the larger ecological context that influences their wellbeing. Recent studies showing that chronic parental stress powerfully mediates the impact of war and displacement on children has led to interest in parent-focused interventions. However, most such interventions emphasize parent-training, while failing to address parents' own psychosocial needs and the chronic stress that undermines their parenting. The Caregiver Support Intervention (CSI) is a 9-session group based preventive intervention for refugee families with a dual focus on strengthening parental wellbeing and increasing knowledge and skills in positive parenting. The CSI is implemented by trained and supervised community members. This symposium presents (1) the development of the CSI intervention and its underlying model, with focus group data that informed each iteration of the program through its final version; (2) the findings of a pilot RCT with 72 Syrian refugee families in northern Lebanon, in which both parents/caregivers are participating; and (3) the development and testing of new measures of parenting, stress, and stress management for use in the pilot and definitive RCT.

The Caregiver Support Intervention: Supporting Syrian Refugee Parents in Lebanon in Order to Strengthen the Psychosocial Wellbeing of Their Children

(P) Miller, Kenneth, PhD
War Child Holland, Amsterdam, Netherlands

This presentation describes the content and underlying model of the Caregiver Support Intervention (CSI), a nine-session preventive group intervention for refugee and other war-affected parents. I describe a recent shift towards ecological approaches to addressing refugee children's mental health and psychosocial wellbeing, and present evidence that distress among conflict-affected children is related as powerfully to current stressors in their social ecology as it is to direct exposure to armed conflict. Critical among these “daily stressors” is compromised parenting.
by caregivers struggling with chronic adversity and war-related distress. Recognizing the adverse effect of organized violence and displacement on parents, organizations have developed or adapted interventions aimed at strengthening parenting in refugee communities. However, most programs focus solely or primarily on training participants in parenting knowledge and skills, without addressing parents’ own needs for psychosocial support. This overlooks the powerful impact of parental stress and distress on the ability to use both existing and new parenting knowledge and skills. The CSI, in contrast, has a dual focus on caregiver wellbeing and positive parenting. The CSI has been developed with Syrian refugees in Lebanon, where we are currently completing a pilot RCT with 72 families, including mothers and fathers.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Salon A/B

The Caregiver Support Intervention: Strengthening the Psychosocial Wellbeing of Syrian Refugee Children in Lebanon by Strengthening the Wellbeing and Parenting of their Caregivers

A Pilot Randomized Control Trial of the Caregiver Support Intervention with Syrian Refugee Families in Lebanon
(Prevent, Comm/Int-Fam/Int-Refugee-Civil/War, Adult, M, M East & N Africa)

Chen, Alexandra, PhD Candidate1; Jordans, Mark, 2; Miller, Kenneth, PhD3
1Harvard University, Cambridge, Massachusetts, USA
2Healthnet TPO, Kathmandu, Nepal
3War Child Holland, Amsterdam, Netherlands

I present the findings of a pilot randomized controlled trial of the CSI with Syrian refugee families in northern Lebanon. Following baseline data collection, 72 families with an index child between 3-12 years old were randomly assigned to the CSI or waitlist control arms of the study. Our baseline measured caregivers’ mental health, psychosocial wellbeing, stress, stress management, and parenting, and also employed the KINDL, a parent- and child-completed measure of children’s psychosocial wellbeing. The CREDI, an ECD assessment tool, was also used to assess the socioemotional development and mental health of children 0-3 in families with infants and young toddlers. In addition to the findings of the study, I describe the development and evaluation of our new parenting measure, which demonstrated good internal consistency and test-rest reliability, as well as high cultural acceptability. The Parenting Measure assesses three dimensions: parental warmth, harsh parenting, and positive discipline. Retention in the CSI groups, six weeks into the nine-week program, is high: 100% for women and roughly 90% for men. Because this is a feasibility study, only within-group differences will be assessed. Endline data for the pilot study will be gathered in mid-April 2019. Effectiveness will be assessed in a fully powered RCT scheduled for the summer of 2019.
The Caregiver Support Intervention: Strengthening the Psychosocial Wellbeing of Syrian Refugee Children in Lebanon by Strengthening the Wellbeing and Parenting of their Caregivers

Using Focus Groups to Inform and Strengthen a Community-Based Psychosocial Intervention for Syrian Refugee Parents in Lebanon
(Prevent, Commun-Comm/Int-Prevent-Civil/War, Adult, M, M East & N Africa)

Arnous, Maguy, MA¹; Miller, Kenneth, PhD¹; Tossyeh, Fadila, BA¹; Chen, Alexandra, PhD Candidate²; van den Broek, Myrthe, BA¹; Ghalayini, Heba, MPH¹; Jordans, Mark, ³
¹War Child Holland, Amsterdam, Netherlands
²Harvard University, Cambridge, Massachusetts, USA
³Healthnet TPO, Kathmandu, Nepal

In this presentation, I present findings from three sets of focus groups conducted following three phases of the development of the CSI. The CSI was initially implemented with three groups of women and three groups of men in Gaza. Focus groups were used to gather feedback from participation on the cultural fit and usefulness of the program. Adaptations were made to the CSI, where it was then implemented in Lebanon with six groups of Syrian refugees (three groups of women and three of men). Focus groups were again conducted following the implementation, and feedback was used to further refine the intervention. A final set of focus groups will be conducted immediately following the pilot RCT of the CSI that is currently underway. Key findings from each wave of focus groups will be presented, along the methods of data analysis and the ways in which findings were used, together with other sources of data, to refine the intervention and enhance its cultural fit, acceptability to both male and female participants, and strengthen its impact on participant wellbeing and parenting.

Key Challenges and Effective Strategies in Implementing a Community-Based Preventive Intervention for Syrian Refugee Parents in Lebanon
(Prevent, Commn-Prevent-Civil/War, Adult, M, M East & N Africa)

Tossyeh, Fadila, BA¹; Miller, Kenneth, PhD¹; Chen, Alexandra, PhD Candidate²; Arnous, Maguy, MA¹; van den Broek, Myrthe, BA¹; Ghalayini, Heba, MPH¹; Jordans, Mark, ³
In this presentation, I describe the methods used to successfully recruit men as well as women into the CSI, an important achievement because parenting programs, especially in “gender-traditional” cultures, typically struggle to get fathers to participate. I also describe the training of community members as group facilitators and the critical role of on-site coaching and supervision in strengthening facilitators’ skills. I describe the role of mindfulness and other stress management and relaxation exercises in giving participants skills to manage their stress, frustration, and anger, and the use of WhatsApp and smartphones as technologies for fostering communication between sessions and making stress management recordings readily available. The power of “home practice” of stress management activities is described, and the development and impact of supportive dynamics within the group are described.

**Symposium**  
**Friday, November 15**  
**4:30 PM to 5:45 PM**  
**Salon H/I**

**Functional and Structural Brain Correlates of PTSD: Genetic Moderators and Implications for Resilience**  
(Bio Med, Chronic-Genetic-Neuro-Bio/Gen, Adult, M, Industrialized)

**Sullivan, Danielle, PhD**  
*National Center for PTSD, VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA*

This symposium will discuss brain function and structure associated with PTSD. It will explore how genetics can moderate these relationships and the potential implications for resilience. The first part of this symposium will discuss functional connectivity networks in PTSD and provide evidence for abnormal connections across a variety of brain networks cascading from limbic and emotion circuitry. The next part of the symposium will discuss PTSD-associated disruptions in structural integrity and provide evidence for genetic moderators of this association. Specifically, genes important for serotonin signalling and stress-response pathways will be explored as moderators of PTSD-related structural degradation of the prefrontal cortex and hippocampal subfields. Finally, the symposium will discuss research showing that hippocampal activation during a fear conditioning task may be an important marker for stress resilience.

**Symposium**  
**Friday, November 15**  
**4:30 PM to 5:45 PM**  
**Salon H/I**

**Functional and Structural Brain Correlates of PTSD: Genetic Moderators and Implications for Resilience**
PTSD Is Associated With Hubs of Abnormal Functional Connectivity across Large-Scale Brain Networks
(Bio Med, Mil/Vets-Neuro, Adult, M, Industrialized)

Esterman, Michael, PhD\textsuperscript{1}; DeGutis, Joseph, PhD\textsuperscript{1}; Rothlein, David, PhD\textsuperscript{1}; Stumps, Anna, BA/BS\textsuperscript{1}; Wooten, Thomas, BA/BS\textsuperscript{1}; Fortenbaugh, Francesca, PhD\textsuperscript{1}; Marx, Brian, PhD\textsuperscript{2}; McGlinchey, Regina, PhD\textsuperscript{3}
\textsuperscript{1}VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA
\textsuperscript{2}National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
\textsuperscript{3}Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts, USA

Numerous task and resting-state functional MRI studies have identified PTSD-related abnormalities in limbic and executive control regions as well as more broadly disrupted connectivity. However, prior work has not typically examined the entire connectome from a network perspective. Our study addressed this limitation by examining large-scale brain network interactions and “hubs” of dysfunction associated with PTSD across the cortical connectome. Specifically, 273 Veterans from the VA Boston Translational Research Center for TBI and Stress Disorders received resting-state fMRI and clinical assessments. Whole-brain connectomes were computed using a 7-network parcellation. PTSD symptom severity and diagnosis were associated with weaker negative coupling between limbic and executive control networks. Further, we identified “hubs”—regions with more PTSD-related abnormal connections than expected by chance—in the amygdala, anterior temporal, and dorsolateral prefrontal cortices. These PTSD-hubs exhibited abnormal connections across salience, default, and attention networks. Finally, these results were significant after controlling for comorbidities including TBI. Together these findings indicate that while primary neural dysfunction in PTSD centers around fear and regulation circuitry, this dysfunction may have a cascading effect on connectivity across several other brain networks.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Salon H/I

Functional and Structural Brain Correlates of PTSD: Genetic Moderators and Implications for Resilience
(Bio Med, Chronic-Mil/Vets-Genetic-Neuro, Adult, M, Industrialized)

Sullivan, Danielle, PhD\textsuperscript{1}; Morrison, Filomene, PhD\textsuperscript{1}; Wolf, Erika, PhD\textsuperscript{1}; Logue, Mark, PhD\textsuperscript{2}; Fortier, Catherine, PhD\textsuperscript{3}; Salat, David, PhD\textsuperscript{3}; Fonda, Jennifer, PhD\textsuperscript{4}; Stone, Annjanette, BS\textsuperscript{5}; Schichman, Steven, MD, PhD\textsuperscript{6}; Milberg, William, PhD\textsuperscript{3}; McGlinchey, Regina, PhD\textsuperscript{3}; Miller, Mark, PhD\textsuperscript{1}
\textsuperscript{1}National Center for PTSD, VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA
\textsuperscript{2}Boston University School of Public Health, Boston, Massachusetts, USA
\textsuperscript{3}Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts, USA
\textsuperscript{4}Boston VA Healthcare System, Boston, Massachusetts, USA
\textsuperscript{5}VA Medical Center, Little Rock, Arkansas, USA
\textsuperscript{6}Central Arkansas Veterans Healthcare System, Pathology and Laboratory Medicine Service, Little Rock, Arkansas, USA
Structural neuroimaging studies of posttraumatic stress disorder (PTSD) have found that patients tend to differ from controls in certain aspects of brain morphology including volume of the hippocampus and thickness of the prefrontal cortex. Preliminary evidence also suggests that single nucleotide polymorphisms (SNPs) in genes involved in serotonergic signaling and stress response pathways moderate associations between PTSD and cortical thickness. This study examined a genetic regulator of these pathways, the PPM1F gene, which has also been implicated in mechanisms of stress responding and is differentially expressed in individuals with PTSD and depression compared to controls. Drawing from a sample of 240 white non-Hispanic trauma-exposed veterans, we tested 18 SNPs spanning the PPM1F gene for association with PTSD and cortical thickness. Analyses revealed six PPM1F SNPs that moderated associations between PTSD symptom severity and reduced cortical thickness of bilateral superior frontal and orbitofrontal regions as well as the right pars triangularis. A whole-cortex vertex-wise analysis using the most associated SNP (rs9610608) revealed this effect to be localized to a cluster in the right superior frontal gyrus. These results extend prior work linking PPM1F to PTSD and suggest that variants in this gene may have bearing on the neural integrity of the prefrontal cortex.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Salon H/I

Functional and Structural Brain Correlates of PTSD: Genetic Moderators and Implications for Resilience

Associations of Hippocampal Subfield Volumes with Genetic Markers and Gene-Environment Interactions in a Trauma-Enriched Sample
(Bio Med, Mil/Vets-Genetic-Neuro-Bio/Gen, Adult, M, Industrialized)

Morey, Rajendra, MD, MS1; Garrett, Melanie, MS2; Clarke, Emily, MS3; Haswell, Courtney, MS1; Beckham, Jean, PhD4; Hauser, Michael, PhD2; Ashley-Koch, Allison, PhD2
1Duke University / Durham VA Medical Center, Durham, North Carolina, USA
2Duke University Medical Center, Durham, North Carolina, USA
3Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, North Carolina, USA
4Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina, USA

Subfields of the hippocampus play an important role in memory formation and retrieval, which have been strongly implicated in posttraumatic stress disorder (PTSD). Specifically, lower volumes of hippocampal subfields cornu ammonis (CA1 and CA3), and the dentate gyrus have been observed in patients with PTSD. Genome-wide association studies (GWAS) in a normative population (NORMENT) have identified 15 genome-wide significant loci associated with subfield volumes. We evaluated each of these loci for the presence of interactions with the occurrence of PTSD and childhood trauma in OEF/OIF Veterans (n=157) who underwent MRI scanning and automated segmentation of hippocampal subfields with FreeSurfer v6.0. We confirmed main effects of SNP associations from NORMENT with hippocampal subfield volumes for L/R CA1, L/R hippocampal tail, and L-subiculum (.00007 > p < .001). We found PTSD X SNP interactions at 4 loci for R whole hippocampal volume, and L/R hippocampal tail (p < 0.05; Bonferroni corrected). Interestingly, we found childhood trauma X SNP interactions at five loci for L/R hippocampal tail (p < 0.05; Bonferroni corrected). Our findings support the merits of leveraging sufficiently powered large-scale GWAS in normative samples for investigating main effects and gene-environment interactions in enriched cohorts exposed to environment insults such as severe psychological trauma.
Symposium  
Friday, November 15  
4:30 PM to 5:45 PM  
Salon H/I  

Functional and Structural Brain Correlates of PTSD: Genetic Moderators and Implications for Resilience  

Hippocampal Activation Related to Resilience: Evidence from Three Different Scans in the First Year after Trauma Exposure  

van Rooij, Sanne, PhD¹; Ely, Timothy, BSc¹; Ressler, Kerry, MD²; Rothbaum, Barbara, PhD, ABPP¹; Jovanovic, Tanja, PhD³; Stevens, Jennifer, PhD¹  
¹Emory University School of Medicine, Atlanta, Georgia, USA  
²Harvard Medical School, McLean Hospital (Harvard Medical School Affiliate) Belmont, Massachusetts, USA  
³Wayne State University, Detroit, Michigan, USA  

Defining early biological predictors of the future PTSD development is of high interest to identify individuals at risk and develop novel interventions. In our Emergency Department study, we have demonstrated that hippocampal activation during response inhibition 1-month post-trauma predicted future PTSD symptoms. To further assess the role of the hippocampus in contributing to psychiatric outcomes after trauma, two additional scans were collected in the same cohort. Two months post-trauma, participants (N=28) performed a fear conditioning task designed to tap hippocampus-dependent effects of context on acquisition and extinction. Hippocampal activation during acquisition showed a positive point correlation with trait resilience (CD-RISC; r=0.48, p=0.01), and increased hippocampal activation during extinction was found in PTSD- vs. PTSD+ at 3 months (t(22)=2.16, p=0.04). Next, 6-12 months post-trauma, the response inhibition task was again collected (N=24 data for 1 and 6 month time points). Repeated measures analyses showed no change in response inhibition-related hippocampal activation over time, and no relationship between change in activation and PTSD symptoms or change in symptoms. This could suggest that hippocampal activation is a stable marker of stress resilience that is consistent over multiple task paradigms and over the year following a major trauma exposure.
Symposium
Friday, November 15
4:30 PM to 5:45 PM
Arlington

Cannabis Use and PTSD: Exploring Effects on Etiology, Maintenance, and Recovery
(Clin Res, Clin Res-Sub/Abuse, Adult, M, Industrialized)

Bedard-Gilligan, Michele, PhD; Walker, Denise, PhD
University of Washington, Seattle, Washington, USA

A substantial number of individuals with PTSD report cannabis use (Cougle, Bonn-Miller, Vujanovic, Zvolensky, & Hawkins, 2011). PTSD predicts a two-fold increase in likelihood of developing a cannabis use disorder (Kevorkian et al., 2015), and comorbidity is associated with diverse negative outcomes (Johnson et al., 2016). At the same time, cannabis is proposed as a potential novel treatment approach for PTSD (Loflin, Babson, & Bonn-Miller, 2017). Research elucidating temporal relationships between cannabis use and PTSD symptoms and the effects of cannabis on recovery from PTSD is needed to clarify both potential positive and negative effects of cannabis in individuals with PTSD. Due to increasing trends in legalization and acceptance of cannabis use for conditions such as PTSD, a better understanding of the nuanced effects of cannabis use following trauma exposure has important implications for improving individual and public health and informing policy decisions. This symposium presents data on relationships between cannabis use and PTSD symptoms. The first two presentations explore daily level relationships between PTSD symptoms and cannabis use looking specifically at bidirectional relationships in Veterans (Dr. Browne) and at interactions between alcohol and cannabis in patients seeking treatment for PTSD and alcohol use disorder (Dr. Kaysen). The third presentation presents data on the effects of cannabis on treatment outcomes for PTSD, alcohol use, and high risk sexual behavior in a sample of Native American women with co-occurring PTSD and substance use (Dr. Bedard-Gilligan). Finally, the fourth presentation explores effects of family therapy for PTSD and substance use on decreasing cannabis use in adolescents exposed to interpersonal traumatic events (Dr. Adams). Discussant, Dr. Denise Walker, an expert in the treatment of cannabis use disorder and associated comorbidities, will synthesize clinical and policy implications for patients with traumatic stress and substance use.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Arlington

Cannabis Use and PTSD: Exploring Effects on Etiology, Maintenance, and Recovery

Building Understanding of Cannabis Use: Examining the Bi-Directional Relationship between Cannabis Use and PTSD Symptoms in Veterans
(Clin Res, Sub/Abuse-Mil/Vets, Adult, M, Industrialized)

Browne, Kendall, PhD; Hawrilenko, Matthew, PhD; Saxon, Andrew, MD; Bonn-Miller, Marcel, PhD; Sulayman, Nadiyah, BA; Simpson, Tracy, PhD
Rates of cannabis use are high among individuals with posttraumatic stress disorder (PTSD). Cross-sectional studies have laid important groundwork for understanding relationships between PTSD symptom severity and cannabis use, however, conclusions about the potential bi-directional relationship between PTSD and cannabis use cannot be gleaned from such static, cross-sectional data. A recent mixed-methods study examines the day-to-day relationship between PTSD and cannabis use in veterans enrolled in mental health treatment. Forty veterans consented, completed a baseline assessment, and were invited to complete 28 days of daily phone monitoring. Data collection was recently completed and includes baseline demographics, cannabis use history, and PTSD symptoms as well as daily cannabis use and PTSD symptom ratings. Baseline assessment results indicate the recruited sample was predominantly male (n=35, 88%), Caucasian (n=26; 65%), divorced or never married (n=23; 58%) with an average age of 51 (SD=15). Preliminary daily monitoring analyses indicate that veterans used cannabis 91% of monitoring days and endorsed on average 14 PTSD symptoms per monitoring day. Results from dynamic structural equation modeling examining the daily bi-directional relationship between PTSD symptoms and cannabis use symptoms will be available shortly and will be included in the presentation.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Arlington

Cannabis Use and PTSD: Exploring Effects on Etiology, Maintenance, and Recovery

Evaluating the Cross-sensitization Effects of Cannabis on Daily-Level PTSD and Alcohol Relationships in a Treatment Seeking Sample
(Clin Res, Clin Res-Sub/Abuse, Adult, M, Industrialized)

Kaysen, Debra, PhD, ABPP1; Dworkin, Emily, PhD2; Jaffe, Anna, PhD2; Bedard-Gilligan, Michele, PhD1;
Simpson, Tracy, PhD3
1University of Washington, Seattle, Washington, USA
2University of Washington School of Medicine, Seattle, Washington, USA
3VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA

Posttraumatic stress disorder (PTSD) is associated with increased odds of cannabis (Cougle et al., 2011) and alcohol use disorders (Pietrzak et al., 2012) and many individuals with PTSD use both cannabis and alcohol. Given rates of co-occurrence, understanding how these disorders influence each other is essential. Cross-sensitization theory posits cannabis use increases the reinforcing value of alcohol in response to stress (Fox 2012) and alcohol use may in turn increase stress responses. However these possibilities remain untested outside of a laboratory setting. In this study, we analyzed daily diary data from a treatment seeking sample of individuals with comorbid PTSD and alcohol use disorder (n=124) to understand whether the associations between daily PTSD symptom severity and daily alcohol use differed as a function of baseline cannabis use frequency. Results from a multilevel model predicting PTSD symptoms from same-day drinking found a significant moderation effect, such that drinking more than average on a given day was more strongly associated with PTSD symptom severity for those who reported more frequent baseline cannabis use. The model predicting drinking from PTSD demonstrated no significant moderation effect. Findings
suggest cannabis use sensitizes reward systems such that alcohol use leads to stronger stress responses. Clinical implications will be discussed.

Symposium  
Friday, November 15  
4:30 PM to 5:45 PM  
Arlington

Cannabis Use and PTSD: Exploring Effects on Etiology, Maintenance, and Recovery

Impact of Cannabis Use on PTSD, Alcohol and Sexual Risk Behavior Outcomes in a Sample of Native American Women  
(Clin Res, Clin Res-Sub/Abuse, Adult, M, Industrialized)

Bedard-Gilligan, Michele, PhD1; Huh, David, PhD2; Kaysen, Debra, PhD, ABPP1; Pearson, Cynthia, PhD1  
1University of Washington, Seattle, Washington, USA  
2University of Washington School of Medicine, Seattle, Washington, USA

In Native American communities there are high rates of trauma exposure, PTSD, and substance use (Pearson et al., 2015). In the US rates of cannabis use are increasing (Hasin et al., 2015), and individuals with PTSD have high rates of cannabis use in particular (Cougle et al., 2011). Although cannabis has anxiolytic effects that suggest possible therapeutic potential for PTSD (Roitman, 2014), there are also negative effects of cannabis including risky sexual behavior (Bryan et al., 2012), impaired cognition and memory (Crean et al., 2011), and increased use of alcohol (Hayley et al., 2017). Thus, it is unclear how cannabis impacts treatment related recovery for patients with PTSD. This study explored pre-treatment cannabis use as a predictor of outcomes following cognitive processing therapy (CPT) for Native American women with PTSD and substance use. Patients were assigned to 13 sessions of modified, culturally adapted CPT or to waitlist control. Greater cannabis use frequency was associated with less improvement in sexual risk behaviors following treatment (d = 0.67, p = .009), compared to waitlist, but was not associated with statistically significant differences for PTSD or alcohol use frequency or consequences. Findings support cannabis as a predictor of risky sexual behavior following treatment, but do not support broad negative effects of cannabis on recovery.

Symposium  
Friday, November 15  
4:30 PM to 5:45 PM  
Arlington

Cannabis Use and PTSD: Exploring Effects on Etiology, Maintenance, and Recovery

Baseline Cannabis Use among Adolescents in an RCT Evaluating Treatment for Co-Occurring PTSD and Substance Use Problems and Changes in Cannabis Use with Treatment  
(Clin Res, CPA-CSA-Complex-Sub/Abuse, Child/Adol, M, Industrialized)
The goal of this presentation is to report on the characteristics of a unique sample of interpersonal traumatic event (ITE)-exposed youth who participated in a recently completed Stage II NIDA-funded RCT evaluating a treatment for posttraumatic stress and substance use problems (Risk Reduction through Family Therapy; RRFT). 124 participants aged 13-18 (M=15.4, SD=1.2; 87% girls; 42% ethnic/racial minority; >50% multiple ITEs) were randomized to receive either RRFT or Treatment As Usual (TAU). Youth and caregivers completed interviews and measures at pre-treatment baseline and at multiple follow-ups. Baseline findings illustrate high prevalence of cannabis use with some youth endorsing daily use. Specifically, 67% endorsed cannabis use in the last 90 days (mean number of cannabis use days among those who endorsed baseline use = 15.4 days, SD = 19.8). Poly-substance use was also prevalent, with alcohol being the most common substance used in conjunction with cannabis (63% of cannabis users also endorsed alcohol use). Regarding treatment outcomes, relative to TAU, RRFT youth had significantly greater reductions in cannabis-using days between baseline and months 12 (RRFT = -4.4 days vs. TAU = -0.7 days; ER = 0.12, 95% CI = 0.04, 0.33) and 18 (RRFT = -4.4 days vs. TAU = +2.1 days; ER = -3.10, 95% CI = 0.02, 0.12). Clinical and research implications will be discussed.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Dartmouth/Exeter

Innovations in Technology-Based Sexual Violence Prevention Programs
(Prevent, Aggress-Commun-Rape-Tech, Lifespan, I, Industrialized)

Zinzow, Heidi, PhD
Clemson University, Clemson, South Carolina, USA

Sexual violence is a significant public health issue, affecting at least 1 in 3 women and 1 in 5 men (Smith et al., 2017). Although multiple sexual violence prevention programs have been developed, few have been rigorously evaluated or have demonstrated impact on outcomes such as bystander behavior, victimization, and perpetration. Technology-based prevention programs offer several advantages over traditional delivery formats. These include: 1) provision of personalized feedback; 2) opportunities for cognitively engaging, interactive skill-building exercises; 3) privacy when interacting with sensitive information; 4) standardized delivery; 5) accessibility and mobility; and 6) potential for cost-effective, widespread dissemination. This symposium will present results from four independent studies that developed and evaluated novel, technology-based sexual violence prevention programs. The technologies include digital apps informed by “serious game” approaches, interactive online programs, and mobile platforms. Qualitative methods (i.e., interviews, focus groups, thematic analyses) were used in the development phases to ensure feasibility and engagement for different at-risk populations in a variety of settings, including: adolescents in primary care, high school students, college students, and college athletes. The researchers will describe the application of innovative technological and interdisciplinary approaches to capitalize on evidence-based strategies for targeting empirically-grounded risk and protective factors such as peer norms, beliefs about consent, substance use, risk-taking, and bystander intervention skills. All presenters will describe results of feasibility studies,
including data on satisfaction, engagement, and perceived value. In addition, two studies conducted trials (a randomized controlled trial and an open trial) to assess program outcomes, with results supporting efficacy in modifying risk and protective factors for perpetration and victimization, as well as bystander intervention behaviors. The researchers will discuss implications for building resilience in at-risk populations, as well as improving the long-term impact of sexual violence prevention programming.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Dartmouth/Exeter

Innovations in Technology-Based Sexual Violence Prevention Programs

Pilot Trial of an Online Sexual Violence Prevention Program for College Athletes
(Prevent, Aggress-Comm/Int-Rape-Tech, Lifespan, I, Industrialized)

Thompson, Martie, PhD; Zinzow, Heidi, PhD; Pollard, Lauren, MA; Honnen, Natalie, MS; Hudson-Flege, Matthew, PhD; Goree, Jennifer, MEd; Kingree, Kip, PhD
Clemson University, Clemson, South Carolina, USA

Although some sexual violence prevention programs have been developed for college students, no empirically evaluated programs have been tailored towards athletes, despite athletes being at high risk of sexual violence. We created and refined a 6-module online program focusing on sexual violence risk factors, bystander intervention strategies, and normative feedback specific to athletes with input from experts (n = 2), stakeholders (n = 4), and student focus groups (n = 15). Using a RCT design, we randomly assigned athletes to a control (n = 45) or intervention (n = 49) group and collected data at baseline and 1-month follow-up. Repeated measures analyses indicated the intervention group had significantly greater improvements on: 1) intentions to develop bystander safety plans (F(1, 92) = 7.29, p < .01); 2) intent to talk with a friend about sexual violence (F(1, 91) = 7.44, p < .01); 3) intentions to get advice about how to help someone who experienced sexual assault (F(1, 91) = 8.41, p < .01); 4) intent to get others to help as bystanders (F(1, 92) = 4.05 p < .05); 5) beliefs about passive consent (it is OK to continue sexual advances until a partner indicates otherwise (F(1, 92) = 3.98, p < .05); and 6) binge drinking (F(1, 91) = 4.06, p < .05). Findings provide support for the feasibility and effectiveness of the online SV program with college student athletes.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Dartmouth/Exeter

Innovations in Technology-Based Sexual Violence Prevention Programs

Development of Keeping it Real: A Digital Application for Sexual Assault Prevention among High School Youth

Orchowski, Lindsay, PhD¹; Wood, Sharon, CEO²; Casey, Christine, EdD²; Crispel, Amanda, MFA³

¹Clemson University, USA
²Clemson University, SC, USA
³Ohio University, OH, USA
The Keeping It Real digital app aims to prevent sexual assault among high school students. The app is designed for administration in high school classrooms. Keeping It Real is designed to 1) promote the development of healthy relationships; 2) educate students on school sexual misconduct policies, reporting procedures and resources; and 3) foster skills to prevent violence. The presentation details the development of the digital application. A total of 33 students and 16 stakeholders participated in individual interviews or focus groups for usability testing. Students and stakeholders played the app, provided verbal feedback on the game, and completed an anonymous survey following their use. Using a “think out loud” methodology, students also provided commentary on the app while using it, and discussed their experience using the app after gameplay. Feedback was audio-recorded, transcribed and coded in a thematic analysis using NVIVO qualitative data analysis software. Themes were documented regarding: 1) Reactions to the Storyline/Characters; 2) Reactions to the Questions/Polls; 3) Suggestions for Implementation; and 4) Perceived Need for the Product. These activities highlighted the feasibility, acceptability and overall satisfaction with the app across students and stakeholders. Qualitative themes, and reports on the Intrinsic Motivation Inventory are presented.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Dartmouth/Exeter

Innovations in Technology-Based Sexual Violence Prevention Programs

Development of A Tablet-Based Prevention Program for Adolescent Substance Use, Sexual Assault, and Sexual Risk Behavior in Primary Care Settings
(Clin Res, Prevent-Rape-Sub/Abuse-Care, Child/Adol, I, Industrialized)

Gilmore, Amanda, PhD; Ridings, Leigh, PhD; Oesterle, Daniel, BS; Kmett Danielson, Carla, PhD
Medical University of South Carolina, Charleston, South Carolina, USA

Substance use, sexual assault (SA), and sexual risk behaviors (SRBs) among adolescents are common and often co-occur. Primary care is an ideal setting to screen and intervene with these behaviors because it is the most likely setting for adolescents to seek preventative healthcare. In this NIDA-funded prevention program development, we received usability feedback regarding preliminary content focused on prevention of substance use, SA, and SRBs among adolescents within a tablet-based prevention program in a primary care setting. A total of 24 adolescents aged 14-18 were recruited from a pediatric or community setting. The majority of participants were female (54.2%; 37.5% male and 8.3% transgender), Black/African American (50.0%; 33.3% White, 8.3% Hispanic, and 8.3% other), and heterosexual (62.5%, 37.5% lesbian, gay, bisexual, or pansexual). Overall, teens suggested adding more videos and interactive activities in each content area, and liked receiving personalized feedback regarding how their own experiences, as well as their perception of others’ experiences, compare with average rates of substance use and sexual activity. These findings will be used to develop a tablet-based intervention for adolescents to prevent substance use, SA, and SRBs in a pediatric setting.
Symposium
Friday, November 15
4:30 PM to 5:45 PM
Dartmouth/ Exeter

Innovations in Technology-Based Sexual Violence Prevention Programs

Make a Change: Pilot Trial of an Interactive Digital App for Campus Sexual Violence Prevention
(Prevent, Aggress-Commun-Rape-Tech, Lifespan, I, Industrialized)

Zinzow, Heidi, PhD1; Orchowski, Lindsay, PhD2; Thompson, Martie, PhD1; Wood, Sharon, CEO3; Crispel, Amanda, MFA4; Hieftje, Kimberly, PhD6
1Clemson University, Clemson, South Carolina, USA
2Brown University Warren Alpert Medical School, Providence, Rhode Island, USA
3Happy People Games, New York, New York, USA
4Champlain College, Burlington, Vermont, USA
6Yale School of Medicine, Yale Center for Health & Learning Games, New Haven, Connecticut, USA

Digital apps, or “serious games” for health address learning goals in a cognitively active, interactive manner, with potential for widespread dissemination. We used a mixed methods approach to develop and test a digital app for sexual violence (SV) prevention: Make a Change. The app addresses risk and protective factors for perpetration and victimization through a branching narrative and interactive activities that provide personalized feedback, skills training, and motivational enhancement. In this multisite study at 2-year and 4-year colleges, we conducted student (n = 54) and stakeholder (n = 10) focus groups and interviews to inform app development. Next, 41 students participated in an open trial and completed self-report surveys (pre, post, and one month follow-up) and exit interviews. The majority of the sample reported enjoyment, usefulness, and perceived competence after completing the app (e.g., 93% found it useful in developing healthy relationships, 95% would want their school to implement the app). ANOVAs indicated significant changes in risk/protective factors for SV, primarily perceptions of peer norms (F = 9.45-27.95, p < .001; e.g., what % of peers would respect bystander intervention). Participants also reported changes in bystander behavior. Findings support feasibility and effectiveness of this novel format for delivery of SV prevention programming.
Symposium
Friday, November 15
4:30 PM to 5:45 PM
Suffolk

Identifying Mental Health Determinants in Rwandan Youth 25 years Post-Genocide
(Assess Dx, Assess Dx, Child/Adol, I, E & S Africa)

Fabri, Mary, PsyD
WE_ACTx, San Francisco, California, USA

Youth growing up in post-conflict settings are vulnerable to mental health disorders. They confront many challenges such as their parent’s traumas, their own traumas, and lack of supportive community and societal resources. This symposium will present efforts being made to assess and respond to Rwandan youth’s mental health needs.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Suffolk

Identifying Mental Health Determinants in Rwandan Youth 25 years Post-Genocide

Prevalence of Mental Disorders among Minors Incarcerated in Rwandan Prisons
(Prevent, Assess Dx-Clin Res, Child/Adol, I, E & S Africa)

Rutembesa, Eugene, Prof Dr¹; Nsabimana, Epaphrodite, PhD²
¹National University Of Rwanda, Huye, Rwanda
²National University Of Rwanda, Kigali, Rwanda

The mental health status of incarcerated individuals is a concern worldwide. Europe and the United States find a high prevalence of mental illness among prison populations. The Rwanda Correctional Service and Dignity in Detention Foundation collaborated in a 2018 study to identify mental health disorders among minors incarcerated in Rwandan prisons. Youth between the ages of 14 – 18 years were recruited for this study and their assent and parental consent secured. Participation was voluntary. Selection criteria included being incarcerated for 6 months and absence of medical/physical health issues that could interfere with completion of assessment. 140 incarcerated youth participated in the study with a primary offence of sexual violence (70.3%). Trained mental health staff administered the Mini International Neuropsychiatric Interview, version 5 and conducted individual interviews to assess 16 possible mental disorders. 52% were found to have at least one diagnosis. The most prevalent disorder was major depression (23%) followed behavioral disorder (14%). Interestingly, only 1% had a substance abuse disorder or post-traumatic stress disorder respectively. 96 (68%) of the youth had completed primary school only (grade 6). This and other significant correlations between social determinants, incarceration, and mental health disorders will be discussed with recommendations.
Symposium
Friday, November 15
4:30 PM to 5:45 PM
Suffolk

Identifying Mental Health Determinants in Rwandan Youth 25 years Post-Genocide

Identifying Trauma in HIV+ Youth in Rwanda
(Assess Dx, Illness, Child/Adol, I, E & S Africa)

Fabri, Mary, PsyD1; Remera, Eric, MSc2; Ingabire, Charles, MSc3; Donenberg, Geri, PhD4; Cohen, Mardge, MD1
1WE_ACTx, San Francisco, California, USA,
2Rwanda Biomedical Centre, Rwanda
3WE-ACTx, Kigali, Kigali, Rwanda
4University of Illinois Chicago, Chicago, Illinois, USA

There is growing global awareness of the intersection between HIV and trauma events. Kigali Imbereheza Project (KIP), an NICHD funded adherence study, collected baseline data on youth living with HIV in Rwanda. Total sample was 357 youth, 14 to 21 years old, 174 males (49%) and 183 female (51%) collected during 2014-2016. Demographics include: 96% lived in poverty, 85% enrolled in school, and 24% were orphans. Trauma events were identified using an adapted version of the Betancourt (2012) Trauma Events Measure for use in Rwanda. Three categories of traumatic experiences emerged: 1. threats to physical health (56.8%), 2. emotional distress related to loss (69.3%), and 3. direct experience or witness to sexual and/or physical assault (19.9%). 165 youth (46.2%) reported ever experiencing trauma categories 1 & 2, 52 (15.1%) categories 1 & 3, 63 (17.6%) categories 2 & 3, and 52 (14.6%) reported events in all three categories. The combination of threats to physical health and stressors related to losses was the largest number of youth and potentially more vulnerable. This baseline data on trauma experiences highlights the importance of addressing mental health needs of HIV+ youth. A brief description of the trauma-informed cognitive-behavioral intervention will also be included.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Suffolk

Identifying Mental Health Determinants in Rwandan Youth 25 years Post-Genocide

Influences of Parental Trauma and Mental Health on Parenting among Poor Families in Rwanda
(Global, Depr-Dev/Int-Global-Intergen, Lifespan, I, E & S Africa)

Jensen, Sarah K. G., PhD1; Murray, Shauna M., MA1; Barnhart, Dale, PhD Candidate2; Farrar, Jordan, PhD1; Brennan, Robert, EdD2; Betancourt, Theresa S., ScD MA3
1Boston College, Chestnut Hill, Massachusetts, USA
2Harvard School of Public Health, Boston, Massachusetts, USA
3Boston College School of Social Work, Chestnut Hill, Massachusetts, USA
Trauma and mental health problems are common in vulnerable populations including people living in extreme poverty. Poor mental health impacts the individual, families, and communities. Children are vulnerable to mental health problems of caregivers who may not effectively attend to children's needs or engage in warm, positive interactions.

We use data from a cluster randomized trial testing a family strengthening intervention delivered to poor households with children aged 6-36 months in Rwanda (n=1049 households). Trauma was measured as cumulative events. PTSD was assessed using PTSD Checklist-Civilian Version (PCL-C). Depression and anxiety was measured using Hopkins Symptom Checklist (HSCL-25). Parenting was assessed using The Parental Acceptance-Rejection Questionnaire. At baseline, 85% of the caregivers had experienced at least one trauma, 50% reported moderate symptoms of PTSD (PCL-C score =>30), 52% screened positive for depression or anxiety (HSCL score >=1.75). Trauma exposures were positively associated with symptoms of PTSD, depression, and anxiety (p<0.001). There were no associations between trauma and parenting, yet caregivers’ symptoms of PTSD, depression, and anxiety were positively associated with aggression (p<0.001). PTSD and depression symptoms were also negatively associated with parental warmth (p<0.050). We discuss impacts of mental health on caregiving.

Symposium
Friday, November 15
4:30 PM to 5:45 PM
Suffolk

Identifying Mental Health Determinants in Rwandan Youth 25 years Post-Genocide

Validation of the Screen for Children Anxiety and Related Emotional Disorders-Revised Version (SCARED-R) for use in Rwanda
(Clin Res, Anx, Child/Adol, I, E & S Africa)

Izaturwanaho, Felicien, BS1; Habumugisha, Emmanuel, MSc2; Cassady, Cindi, PhD3; Fabri, Mary, PsyD4; Mutabaruka, Jean, PhD1
1University of Rwanda, Kigali, Rwanda
2Rwanda, National Commission for Children, Rwanda
3University of Kibungo, Kibungo, Rwanda
4WE ACTx, San Francisco, California, USA

Anxiety and fear are common emotions experienced during childhood. Validating the SCARED-R on a Rwandan sample contributes to the post-genocide mental health system. SCARED-R, a 66-item self-report questionnaire, measures panic disorder, generalized anxiety, social phobia, separation anxiety, obsessive compulsive disorder, post-traumatic stress and specific phobias in children 8 to 17 years. A convenience sample (N=338, 196 boys, 142 girls) aged 12-16 years (mean = 15 years) volunteered from Kirambo Secondary School with parental consent. The SCARED-R and self-report measures (SCL-90, PCL-5 with LEC-5, and BDI) were administered at the school. Descriptive analysis, factor analysis, and criterion related validity were examined using STATISTICA. The mean total SCARED-R score was 61.17 (SD=17.08). Internal consistency was good (Cronbach’s α=0.88) and criterion related validity was established. SCARED-R scores correlated positively and significantly with total SCL-90 scores (r = 0.20, p= 0.01), and correlated significantly with LEC-5 PART3 scores (r = 0.30, p = 0.01). No correlation with BDI scores was found. Factor analysis was computed through oblique rotation; the findings demonstrated overlapping of factors attesting that SCARED-R is a one-dimensional tool assessing anxiety and related emotional disorders valid for use in Rwanda
Panel Presentation  
Friday, November 15  
4:30 PM to 5:45 PM  
Salon C/D

An interview with Dr Matt Friedman: The Unexpected Life of the Failed Pig Farmer who became the Foundation Director of the National Centre for PTSD  
(Social, Social, N/A, I, Industrialized)

McFarlane, Alexander, MD\(^1\); Friedman, Matthew, MD, PhD\(^2\)  
\(^1\)The University of Adelaide, Adelaide, South Australia, Australia  
\(^2\)National Center for PTSD, White River Junction, Vermont, USA

Knowing about the life and roles of the pioneers of the traumatic stress field provides critical insights into framing what skills are needed to face the challenges which the future will bring to our discipline. An outstanding figure who played a dynamic and central leadership role in the United States of America is the first director of the National Centre of PTSD, Dr Friedman. As part of the celebrations of the 30th anniversary of the Centre’s foundation, Dr Friedman will speak about his early career and challenges that this position brought. It is an unconventional story which includes his attempts to avoid the family tradition of studying medicine that is an unexpected antecedent to a career that is marked by such high levels of achievement. Dr Friedman will weave the rich tapestry that tells of the importance of several key politicians who championed the recognition of the suffering of the veterans of the Vietnam war and the legislative initiatives the led to the founding of the National Centre. It is a life that has many lessons for young and old alike. He will be interviewed by Dr McFarlane who is documenting the contributions of the surviving pioneers of our field.

Panel Presentation  
Friday, November 15  
4:30 PM to 5:45 PM  
Salon J/K

Military to Civilian Transition: Theoretical and Practical Challenges in Optimizing Well-Being  
(Prevent, Dev/Int-Mil/Vets-Aging-Psych, Adult, I, Global)

Kudler, Harold, MD\(^1\); Dabovich, Paula, PhD\(^2\); Beck, Iain, MD MPH\(^3\); Coulthard, Julie, PhD\(^4\)  
\(^1\)Duke University Medical Center, Durham, North Carolina, USA  
\(^2\)The University of Adelaide, Adelaide, SA, Australia  
\(^3\)Canadian Armed Forces Transition Group, Ottawa, Ontario, Canada  
\(^4\)Defence Research and Development Canada, Ottawa, Ontario, Canada

Centuries of practical experience inform the training of civilians to become effective military members but less is known about how to enable a warrior’s transition and re-integration to civil society. Current transition programs focus on veteran-specific benefits and services and post-military educational and career opportunities. Recently,
Wounded Warrior programs have been launched which focus on physical and mental health challenges and moral injury. Despite the combined efforts of military leadership, medical experts, chaplains, family programs, national and state/province programs and non-govermentnal Veterans Service Organizations, transition out of the military can feel more like walking a plank rather than crossing a sturdy bridge. Absent is a coherent theory to guide transition for veterans and their families. This session brings together leaders in military and veterans’ programs of Canada, Australia and the United States to offer new directions in optimizing transition. They conceptualize transition as a developmental challenge and opportunity which demands examination and negotiation of core values developed in the course of military service (from group to self-directed priorities), and measure success in terms of well-being rather than the mere presence or absence of symptoms or diagnoses. Significant time will be allotted for interaction with the audience.

Panel Presentation  
Friday, November 15  
4:30 PM to 5:45 PM  
Provincetown

Listening to Survivors of Sexual Exploitation: An Exploratory Meeting of Mental Health and Survivor Professionals to Conceptualize Best Practices  
(Practice, Complex, Adult, M, Industrialized)

Judge, Abigail, PhD¹; Price, Kathleen, MA PhD Student²; Wilkinson, Ann, BA³; Hidalgo, Jose, MD⁴; Tummala-Narra, Usha, PhD⁵

¹Harvard Medical School, Cambridge, Massachusetts, USA  
²University of Massachusetts at Boston, Boston, Massachusetts, USA  
³My Life My Choice, Boston, Massachusetts, USA  
⁴Suffolk County House of Correction and MGH, Boston, Massachusetts, USA  
⁵Boston College, Chestnut Hill, Massachusetts, USA

Research has identified mental health services as a primary concern for survivors of sexual exploitation (Ottisova et al., 2016), but traditional interventions poorly address this population’s complex needs (Judge, 2018). Experts therefore recommend that survivors help design and implement services (OVC, 2017), but survivor-led services are not described in the scientific literature or part of healthcare settings. At the same time, survivor leaders assert that increased academic interest in trafficking has marginalized survivor voices (Hatcher et al., 2018). Misunderstanding and mistrust between psychiatric and survivor professionals has therefore limited collaboration and undermined the quality of care. To address this impasse, panelists held a two-day exploratory meeting of national psychiatric and survivor professional experts to create consensus guidelines for future services development and research. This panel will discuss the meeting methodology, including a survivor-led needs assessment, and present consensus guidelines for reimagining services and building authentic collaborations with survivor professionals. Discussion will focus on a survivor-centered conceptualization of practice to overcome previous polarization in the anti-trafficking movement. Panelists include survivor professional leaders and psychiatric professionals.
Workshop Presentation
Friday, November 15
4:30 PM to 5:45 PM
Berkeley/Clarendon

Assessment and Treatment of ICD-11 Complex PTSD
(Global, Complex-Pub Health, Adult, I, Global)

Cloitre, Marylene, PhD1; Shevlin, Mark, PhD2; Hyland, Philip, PhD3; Roberts, Neil, Clinical Psychologist4;
Karatzias, Thanos, PhD, Cpsych5

1National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA
2University of Ulster, Eglinton, Derry, United Kingdom
3National College of Ireland, Dublin, Ireland
4Cardiff and Vale University Health Board, Cardiff, United Kingdom
5Edinburgh Napier University & Rivers Centre for Traumatic Stress, Edinburgh, Scotland, United Kingdom

In 2018, the ICD-11 introduced a new diagnosis, complex PTSD (CPTSD), for final review by member nations of the World Health Organization (WHO). This workshop will present a practical introduction to the assessment of CPTSD as well as considerations for the development of an appropriate treatment plan for individuals diagnosed with CPTSD. The workshop will review how to use a validated, freely available self-report measure, the International Trauma Questionnaire (ITQ; Cloitre et al., 2018) and describe its application in several different countries (e.g., U.S., China, Israel, U.K., Australia) and in specialty populations (e.g., refugees). We will also provide an overview of an interview measure, the International Trauma Interview (ITI: Roberts et al. 2018) which will include videos demonstrating how to make an accurate differential diagnosis between CPTSD and Borderline Personality Disorder (BPD). Lastly, we will discuss case conceptualization of the client with CPTSD and identify evidence-based interventions applicable to this population, including trauma-focused, emotion regulation, self-compassion, and interpersonal interventions.

Workshop Presentation
Friday, November 15
4:30 PM to 5:45 PM
Fairfield

Addressing Parent Trauma in Child Trauma Treatment Models
(Clin Res, Complex-Fam/Int-Intergen, Lifespan, M, N/A)

Kiser, Laurel, PhD MBA1; Miller, Alisa, PhD2

1University of Maryland School of Medicine, Baltimore, Maryland, USA
2Children’s Hospital Center for Refugee Trauma & Resilience/Children’s Hospital Boston, Boston, Massachusetts, USA

While research has focused on parents’ own experiences of trauma and symptoms of posttraumatic stress (PTS) and how these impact children’s responses to trauma, there is minimal study of the inclusion of, the strategies used, and potential benefits of parental participation and attention to parental PTS in trauma focused treatment of children and adolescents. This workshop seeks to raise the standard of care for youth who have been traumatized by elucidating how child trauma treatments address parental experiences of trauma with a focus on how these treatments address...
parents' own trauma experiences, the parent's response to her/his child's trauma, and parental PTS. We will review the evidence to date collected by 11 child treatment model developers of the benefits to including parents and attending to their experiences. We will describe the importance of addressing parent trauma in multiple family types/structures as well as among different ethnicities and cultures. We will introduce participants to a free resource describing the core components related to parent trauma identified as useful to address in child trauma treatment. We will present four strategies/techniques from this resource highlighting the relevance and meaningfulness of these strategies for youth and parents. Finally, clinical implications will be highlighted and directions for future research outlined.
Saturday, November 16

Keynote Address
Saturday, November 16
8:15 AM to 9:15 AM
Salon E/F

Addressing the Effects of Trauma in Children, Youth and Families Facing Adversity Globally

Betancourt, Theresa S., ScD MA
Boston College School of Social Work, Chestnut Hill, Massachusetts, USA

To add value to the global evidence base, it’s critical to understand processes shaping risky and resilient life trajectories and intergenerational relationships in populations affected by trauma. Working across cultures, there is a need to attend to cross-cultural measurement issues and collaborative approaches to intervention development. With such efforts, we can move the field forward from longitudinal and observational studies to intervention development and evaluation of impact and urgently then towards implementation science to answer big questions on how to bring evidence-based interventions to new delivery platforms and take them to scale to reach trauma-affected populations. This talk will explore examples from different cultural settings in Sierra Leone, Rwanda and with refugees resettled in the US to capture key issues involved in closing the know-do gap in working with trauma affected populations globally. The talk will focus on participatory and mixed methods research approaches and a strengths-based orientation to addressing the effects of trauma in children, families and communities facing adversity globally. This presentation will explore several exciting innovations in fragile and post-conflict settings, illuminating strategies to ensure quality improvement and sustainment of best practices to promote mental health and life opportunities for children, youth and families affected by trauma globally.
Invited Panel
Saturday, November 16
9:45 AM to 11:00 AM
Salon E/F

The Changing Face of Political Violence in Europe: Identifying and Responding to New Challenges
(Pub Health, Fam/Int-Health-Refugee-Social, Lifespan, M, Global)

Javakhishvili, Jana, PhD(c); Armour, Cherie, Professor; Rees, Gavin, MA; Mooren, Trudy, PhD; Olff, Miranda, PhD; Kazlauskas, Evaldas, PhD
1ILia State University, Tbilisi, Georgia
2University of Ulster, School of Psychology, Coleraine, Northern Ireland, United Kingdom
3Dart Centre Europe, London, United Kingdom
4Centrum 45, Arq Research, Oegstgeest, Netherlands
5Academic Medical Center and Association of Dutch Burn Centres, Amsterdam, Netherlands
6Vilnius University, Vilnius, Lithuania

On this panel, ESTSS board members, will look at the challenges that European trauma specialists face in addressing the harms left by political violence. The presenters will discuss issues related to the refugees crises in Europe; dealing with the societal trauma related to the Soviet past in the former-communist countries; the legacy that sectarian conflict has had on families in Northern Ireland, and how an upsurge in political aggression has populated the internet, leading to online harassment and other new forms of “digital harm”. The presenters will pay particular attention to areas that they believe have been neglected in current approaches. Multi-disciplinary responses that promote resilience and recovery will be touched on, and future directions regarding research needs, policy changes and clinical support will be identified. The discussion comes at a new political moment in which the forces of populism and anti-immigrant feeling are sowing division in society and further threatening the position of vulnerable populations, already affected by a legacy of past violence.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Salon G

International Dissemination of Cognitive Processing Therapy: Cross Cultural Insights in Training and Service Delivery
(Train/Ed/Dis, Clin Res-Commun, Adult, I, Industrialized)

Chard, Kathleen, PhD; Resick, Patricia, PhD, ABPP
1Cincinnati VA Medical Center, Cincinnati, Ohio, USA
2Duke University Medical Center, Durham, North Carolina, USA

Cognitive Processing Therapy (CPT) is an evidenced based treatment for posttraumatic stress disorder (PTSD) that has been endorsed by numerous organizations as a first-line trauma therapy, including the National Institute for Health and Care Excellence: Clinical Guidelines (NICE, 2017), the Institute of Medicine (IOM, 2018) and the
Veterans Affairs/Department of Defense PTSD Clinical Practice Guidelines (2017). Although widely supported, little research has been published on dissemination efforts outside of the United States Veterans Affairs Health Care System, and even less focus has been placed upon best practice recommendations and lessons learned from the various training initiatives.

This symposium will bring together presenters from Canada, Iceland, the United Kingdom and both Veteran and civilian focused training in the United States to discuss successes, and pitfalls, that can help to inform future international training efforts. Each presentation will include a description of their training program, outcome data on clinicians and their clients and a focus on nuanced practices that were incorporated to account for geographic, cultural, and system-issues that impacted training efforts. Dr. Patricia Resick, the creator of CPT will serve as discussant offering her thoughts on how to continue to improve and expand upon current dissemination efforts, with additional focus on the multicultural training needs of clinicians throughout the world hoping to incorporate CPT into their therapeutic repertoire.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Salon G

International Dissemination of Cognitive Processing Therapy: Cross Cultural Insights in Training and Service Delivery

Implications and Lessons Learned from Two Large Trials of CPT Implementation Strategies in the US and Canada
(Train/Ed/Dis, Assess Dx-Clin Res, Prof, I, Industrialized)

La Bash, Heidi, PhD1; Shields, Norman, PhD2; Masina, Tasoula3; Swanson, Kera, BA4; Finley, Erin, PhD MPH5; Rameriz, Vanessa, MA6; Lane, Jeanine, Doctoral Student7; Suvak, Michael, PhD7; Wiltsey Stirman, Shannon, PhD8; Monson, Candice, PhD, Cpsych9

1National Center for PTSD (MPD-334), Veterans Affairs Palo Alto Health Care System, Menlo Park, California, USA
2Veteran Affairs Canada, Toronto, Quebec, Canada
3Ryerson, Toronto, Ontario, Canada
4National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA
5South Texas Veterans Healthcare System, San Antonio, Texas, USA
6University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA
7Suffolk University, Boston, Massachusetts, USA
8NCPTSD-Dissemination & Education Div, Palo Alto Healthcare System, Menlo Park, California, USA
9Ryerson University, Department of Psychology, Toronto, Ontario, Canada

There is little research to identify the most effective strategies for initial training of providers or long-term support to ensure ongoing, high quality use of evidence-based treatments, like Cognitive Processing Therapy (CPT). In this presentation, we will discuss lessons learned from conducting two randomized controlled implementation trials testing different models of training and consultation in US and Canada active duty, veteran, and community healthcare settings. The first trial assessed the impact of three post-CPT training workshop conditions (No consultation, Standard consultation without session audio review, Consultation with audio review) on patient (N=188) PTSD treatment outcomes achieved by their therapists (N=134), and one condition was found most effective. The second ongoing mixed-methods trial compares two post-CPT training workshop conditions (Fidelity-Oriented Consultation vs. Continuous Improvement-Oriented Learning Collaborative) on patient (N=120) outcomes for clinicians (V=180) at over 30 sites. Data from both studies will be presented on the implementation strategies as well implications and lessons learned. Topics include which specific consultations activities are
associated with better outcomes as well as the perceived acceptability, compatibility, effectiveness, and barriers/facilitators to the strategies and CPT sustainment.

**Symposium**  
**Saturday, November 16**  
**9:45 AM to 11:00 AM**  
**Salon G**

**International Dissemination of Cognitive Processing Therapy: Cross Cultural Insights in Training and Service Delivery**

**Implementation of the CPT Training Model at the National University Hospital of Iceland**  
(Train/Ed/Dis, Cog/Int, Prof, I, Industrialized)

**Gudmundsdottir, Berglind, PhD; Tryggvadottir, Agnes, MS**  
*Landspitali - the National University Hospital of Iceland, Hringbraut, Reykjavik, Iceland*

Over the past decade it has become increasingly clear that PTSD in the psychiatric population at the national university hospital in Iceland is under-diagnosed and most often patients receive inadequate treatment. Only a limited number of psychologists have the skills to provide empirically supported treatment (EST) for PTSD such as CPT. Due to external factors staff turnover is high which creates challenges in maintaining a group of skilled therapists that can continually provide quality treatment for PTSD. In the fall of 2017 the CPT training model was implemented at the hospital. The CPT training model has provided a solid foundation for training new staff, with little/no therapy or trauma/PTSD experience, in EST for PTSD in the least amount of time while offering quality treatment during the training phase. Clear training and supervision guidelines ensure that quality of the treatment is not compromised. Additionally, the CPT training model has been the foundation for effective and efficient work processes that has reduced variability of what treatment is offered, how it is implemented and how progress is assessed. Challenges of the training model as well as the utilization and implementation of the model for training in other areas will be discussed.

**Symposium**  
**Saturday, November 16**  
**9:45 AM to 11:00 AM**  
**Salon G**

**International Dissemination of Cognitive Processing Therapy: Cross Cultural Insights in Training and Service Delivery**

**Twelve Years After: Evolution of the U.S. Veterans Affairs Cognitive Processing Therapy Dissemination Initiative**  
(Train/Ed/Dis, Clin Res-Mil/Vets, Adult, I, Industrialized)

**Chard, Kathleen, PhD¹; Healy, Ellen, PhD²; Fleck, David, PhD³**
The Veterans Health Administration began efforts to disseminate evidence-based treatments for PTSD (e.g., Cognitive Processing Therapy and Prolonged Exposure) in 2006, with the first clinician workshops occurring in 2007 (Chard, Ricksecker, Healy, Karlin & Resick, 2012). The training model has significantly changed over time from a national model with centralized trainers to a decentralized model with regional trainers. To date, there are more than 70 regional trainers within the Veterans Affairs system and over 7,000 clinicians have been trained to use CPT with Veterans suffering from PTSD and related disorders. This presentation will provide an overview of the training program including reasons for changing the training system and efficacy data on both models. Data across provider types (e.g., psychiatrist, psychologist, social worker, etc.), types of trauma and versions of CPT will be included. In addition, a special focus will be placed on how the dissemination efforts have been impacted by and responded to, multicultural differences in therapists and clients as well as systems issues within the VA.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Salon G

International Dissemination of Cognitive Processing Therapy: Cross Cultural Insights in Training and Service Delivery

Updated Guideline for the Treatment of PTSD from the United Kingdom National Institute for Health and Care Excellence: Ministry of Defence Progress in the Dissemination of Cognitive Processing Therapy
(Practice, Clinical Practice-Cog/Int-Train/Ed/Dis-Mil/Vets, Adult, I, Industrialized)

Bambridge, Darren, MSc1; Simms, Amos, MSc2
1Ministry of Defence, Lincolnshire, United Kingdom
2Academic Department of Military Mental Health, Kings College, London, United Kingdom

The UK Ministry of Defence (MOD) is committed to providing the best evidence-based care for Service Personnel, and as such adheres closely to National Institute for Clinical Excellence (NICE) guidelines for all interventions in military mental healthcare. The MOD tracked and noted the revised NICE guidelines for the treatment of Post Traumatic Stress Disorder (PTSD) in which Trauma Focused Cognitive Behavioural Therapy (TF-CBT) is now recommended as the first-line intervention for combat-related PTSD. MOD Departments of Community Mental Health (DCMHs) already have the capability to deliver TF-CBT but this change to the guidelines required an expansion of this capacity. This presentation will give an account of an international collaboration between UK and USA clinicians to facilitate delivery of approved CPT training and supervision to 93 clinicians across the UK and overseas. Outcome data from therapists’ first 2 training cases will be presented and discussed with reference to therapist experience and the demographic characteristics of the treated cohort. A comparison to existing CPT studies on dissemination efforts in other countries will be included, with an additional focus on active duty clinician studies and obstacles encountered in the dissemination and engagement with the UK military diaspora. Effective solutions for overcoming impediments will be presented.
The Role of Self-Appraisals in Trauma Recovery and Resilience

**Devane, Amanda, MA**¹; **Benight, Charles, PhD**²

¹University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA  
²UCCS, Psychology Department, Colorado Springs, Colorado, USA

The role of self-appraisals in adaptation following trauma is well established. Perceptions of posttraumatic stress disorder (PTSD) symptoms and perceived coping ability are central to effective recovery and resilience. Additionally, longitudinal research and meta-analysis provides the advanced methodology to best understand these mechanisms. Study 1 (a longitudinal study of adaptation in 180 motor vehicle survivors) employs mixed effect modeling to show that coping self-efficacy appraisals immediately following a motor vehicle accident predict neurocognitive performance two months after the accident, and both predicted and PTSD symptoms at three months. Study 2 (a randomized controlled trial of cognitive training for 77 adults with PTSD), employs linear mixed models to show that changes in perception of cognitive problems over the course of treatment predicts changes in PTSD symptoms whereas change on objective neurocognitive tasks did not. Study 3 (in a study of online trauma intervention efficacy in 451 trauma survivors) utilizes confirmatory factor analysis to show that self-efficacy appraisals fully mediate user engagement. Study 4 will report on a meta-analysis evaluating the relationship between self-efficacy beliefs and post-trauma recovery and resilience. These papers underscore the importance of cognitive appraisals in trauma resilience and response to intervention.
post-accident. CSE was measured within the first seven days (Time 1) following the accident. Thirty days post-accident (Time 2), participants completed the Wisconsin Card Sort Test (WCST) during a trauma triggering task. PTSD symptoms were assessed at three months (Time 3). After controlling for education, mixed effects modeling found that CSE predicted WCST perseverative errors (β = .22, p < .05) at Time 2 as well as PTSD symptoms at Time 3 (β = -.66, p < .001). This model also found that WCST perseverative errors predicts PTSD symptoms at Time 3 (β = -.15, p < .05). These findings indicate that both appraisals of coping and executive functioning can be a resiliency factor in mitigating the effects of trauma over time.

Symposium  
Saturday, November 16  
9:45 AM to 11:00 AM  
Salon A/B

The Role of Self-Appraisals in Trauma Recovery and Resilience  

The Power of Appraisals in Predicting Symptom Improvement Following Cognitive Rehabilitation Treatment for PTSD  

Samuelson, Kristin, PhD1; Abadjian, Linda, PhD2; Jordan, Josh, MA3; Bartel, Alisa, MA PhD Student1; Engle, Krista, BA1; Talbot, Margaret, BA1; Bryan, Lori, PhD1; Benight, Charles, PhD4
1University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA  
2San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA  
3University of California, San Francisco, San Francisco, California, USA  
4UCCS, Psychology Department, Colorado Springs, Colorado, USA

Patients with PTSD often voice concern over their perceived change in cognitive functioning. We previously found that perception of cognitive problems, rather than objective neuropsychological performance, predicted functional outcomes in veterans with PTSD (Samuelson et al., 2017). Here, we examine the influence of appraisals on treatment outcomes in a sample of individuals with PTSD seeking cognitive rehabilitation treatment. We conducted a randomized controlled trial of 77 participants with full or subthreshold PTSD (diagnosed via CAPS) examining the effectiveness of Strategic Memory and Reasoning Training (SMART) compared to a psychoeducation control arm. Linear mixed models revealed improvements in both groups on composite scores of executive function and memory. There was a significant group x time effect on PTSD symptoms, with the SMART group reporting greater reductions. Change in perception of cognitive problems was associated with change in PTSD symptoms (B = .57, p<.001), quality of life (B=-.43, p<.001), and resilience (B = -.41, p<.001), with no differential associations based on group status. In contrast, neurocognitive test score changes were not associated with change in symptoms or functional outcomes. Our findings suggest that interventions that do not directly target PTSD symptoms can lead to PTSD symptom change via change in appraisals of functioning.

Symposium  
Saturday, November 16  
9:45 AM to 11:00 AM  
Salon A/B

The Role of Self-Appraisals in Trauma Recovery and Resilience
The Role of Self-Appraisals on Engagement and Digital Health Intervention Effectiveness for the Treatment of Post-traumatic Stress Disorder (PTSD)
(Tech, Clin Res-Cog/Int-Pub Health-Theory, Adult, I, Industrialized)

Yeager, Carolyn, PhD Student¹; Benight, Charles, PhD²
¹University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA
²UCCS, Psychology Department, Colorado Springs, Colorado, USA

As technology evolves at a rapid pace, there is a greater acceptance of digital health interventions (DHIs) for trauma recovery. Although technology is a powerful conduit for delivering trauma informed services, limited participation is common. As the amount of exposure is linked to behavioral outcomes, understanding DHI engagement is critical. Previously we found self-appraisals predicted engagement with a DHI (Yeager et al., 2018). We sought to extend the examination of engagement and the influence of self-appraisals on treatment outcomes. A longitudinal two-week study was performed with a national sample of trauma survivors that measured DHI engagement and changes in posttraumatic stress symptoms (PTSS) (NT1=451, NT2=128, NT3=51). Confirmatory factor analysis of the engagement latent construct of duration, frequency, interest, attention and affect produced an excellent model fit, χ² (N=128)=3.519, p=.318, CFI=0.997, RMSEA=0.039 (90 % CI 0.000-0.170). Using the latent construct, the longitudinal theoretical model indicated the relationship between engagement and PTSS reduction was mediated by treatment self-efficacy, β=.252, p=.013, χ² (N=128)=17.825, p=.086, CFI=0.973, RMSEA=0.075 [90% CI 0.000-0.137]. Results provide evidence of a comprehensive conceptualization of engagement and the role of treatment self-efficacy in the relationship between engagement and DHI outcomes.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Salon A/B

The Role of Self-Appraisals in Trauma Recovery and Resilience

The Role of Coping Self-Efficacy in Posttraumatic Recovery: A Systematic Review and Meta-analysis
(Prevent, Clin Res-Clinical Practice-Cog/Int-Theory, Adult, I, N/A)

Pfeffer, Kendall, ME¹; Devane, Amanda, MA²; Shoji, Kotaro, PhD²; Benight, Charles, PhD³; Brown, Adam, PhD⁴
¹New School for Social Research, New York, New York, USA
²University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA
³UCCS, Psychology Department, Colorado Springs, Colorado, USA
⁴New York University School of Medicine, New York, New York, USA

It is well established that a significant number of individuals will develop mental health issues, e.g. Posttraumatic Stress Disorder (PTSD), following exposure to trauma. Perceptions of coping self-efficacy, i.e. beliefs about one’s ability to manage personal functioning and environmental demands to overcome traumatic adversity, are believed to be a critical factor underlying mental health risk and resilience to traumatic stress. In recent decades, theoretical models and empirical studies have posited coping self-efficacy as a focal mediator of posttraumatic recovery following a range of trauma types (Benight & Bandura, 2004; Luszczynska, Benight & Cieslak, 2009). Low perceptions of control have also been associated with risk for developing PTSD and poor treatment outcomes, and experimental studies indicate increasing perceptions of control may aid in recovery. This presentation will summarize recent findings from an in-depth review and meta-analysis examining the relationship between self-
efficacy and posttraumatic recovery as measured by clinical outcomes of anxiety, depression, and posttraumatic stress symptoms among trauma-exposed samples. The findings from this meta-analysis are expected to confirm that low coping self-efficacy beliefs are consistently associated with negative mental health outcomes and represent a critical target in the prevention and treatment of PTSD.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Salon C/D

Advancements in Assessment of DSM-5 PTSD
(Assess Dx, Clinical Practice-Res Meth-Mil/Vets, Adult, M, Industrialized)

Lee, Daniel, MS1; Weathers, Frank, PhD2
1National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA
2Auburn University, Auburn, Alabama, USA

The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5; APA, 2013) revisions to the diagnostic criteria for posttraumatic stress disorder (PTSD), as well as measures revised to assess these criteria, have been subject to criticism on multiple fronts (e.g., Hoge et al., 2016). Although initial psychometric information for the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and the PTSD Checklist for DSM-5 (PCL-5) have now been published, numerous areas of psychometric study remain under studied, including establishment of margins for reliable and clinically significant change, examination of discrepancy between clinician-administered and self-report measures, examination of the degree to which measures are invariant across different populations, and DSM-5 screening measures.

This symposium will focus recent advancements in DSM-5 self-report and clinician-administered PTSD measures. Dr. Lee will present results from a study to establish the Reliable Change Index (RCI; i.e., the point at which change on a given measure is beyond what could be attributed to measurement error) and the Clinically Significant Change margin (CSC; Jacobson & Truax, 1991; i.e., the point at which an individual is more likely to belong the “non-pathological” distribution) for the CAPS-5 and PCL-5 derived from multiple nationwide samples of male and female veterans (total N = 1,560). Lindsay Kraemer will present results from a study which used qualitative and quantitative analyses to examine sources of discrepancies between the CAPS-5 and PCL-5 (e.g., negative impression management, verbal IQ, neuroticism) among a trauma-exposed undergraduate sample. Dr. Contractor will present results from a recent systematic review of studies evaluating invariance of PTSD across demographic factors (e.g., age, gender, cultural/linguistic factors). Finally, Dr. Bovin will present results of a study examining the initial properties of the Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) among a large veteran sample. Dr. Frank Weathers will serve as discussant.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Salon C/D

Advancements in Assessment of DSM-5 PTSD
Validation of the PTSD Primary Care Screen for DSM-5
(Assess Dx, Mil/Vets-Care, Adult, M, Industrialized)

Bovin, Michelle, PhD1; Kimerling, Rachel, PhD2; Weathers, Frank, PhD3; Prins, Annabel, PhD4; Marx, Brian, PhD1; Post, Edward, MD PhD5; Schnurr, Paula, PhD6
1National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
2National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA
3Auburn University, Auburn, Alabama, USA
4National Center for PTSD and National Center for Telehealth and Technology, Menlo Park, California, USA
5VA Office of Primary Care Services, Washington, District of Columbia, USA
6National Center for PTSD, Executive Division, National Center for PTSD, White River Junction VA, White River Junction, Vermont, USA

Given the prevalence of posttraumatic stress disorder (PTSD) in Veterans, VA mandates that all Veterans be screened for PTSD. Screening typically takes place in primary care because most patients who have received mental health diagnoses are seen there. Currently, VA uses the Primary Care PTSD screen (PC-PTSD) to identify Veterans with probable PTSD. The PC-PTSD is based on DSM-IV PTSD diagnostic criteria. In 2013, the DSM-5 was introduced, which included several significant revisions to the PTSD diagnosis. In response, the PC-PTSD was updated to reflect the new knowledge the field possesses about PTSD. However, VA cannot begin to use the new instrument – the PC-PTSD-5 – until a valid cutoff score is established. To do so, the PC-PTSD-5 must be compared with a gold standard PTSD diagnostic interview, such as the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), in a VA primary care setting. In the current study, a consecutive sample of 399 primary care seeking veterans (16.1% female) completed the PC-PTSD-5 and the CAPS-5. Signal detection analyses indicated that whereas the cutoff score that best balanced optimal sensitivity (κ(1) = .84) with adequate specificity (.79) was 3, the cutoff score with optimal efficiency (κ(.5) = .63) was 4. The implications of these findings, as well as how to match screening considerations with the best cutoff score, will be discussed.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Salon C/D

Advancements in Assessment of DSM-5 PTSD

Reliable Change Index and Clinically Significant Change Margins for the CAPS-5 and PCL-5 among Veterans
(Assess Dx, Clinical Practice-Mil/Vets, Adult, M, Industrialized)

Lee, Daniel, MS1; Bovin, Michelle, PhD1; Weathers, Frank, PhD2; Schnurr, Paula, PhD3; Sloan, Denise, PhD4; Marx, Brian, PhD5
1National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA
2Auburn University, Auburn, Alabama, USA
3National Center for PTSD, Executive Division, White River Junction VA, White River Junction, Vermont, USA
4National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and the PTSD Checklist for DSM-5 (PCL-5) are widely used outcome measures in clinical trials and clinical practice. Although initial psychometric information has been published for both measures, quantitative margins for determining what constitutes meaningful change on either have yet to be established. This study will establish two critical margins for both measures: the Reliable Change Index (RCI; i.e., the point at which change on a given measure is beyond what could be attributed to measurement error) and the Clinically Significant Change margin (CSC; Jacobson & Truax, 1991; i.e., the point at which an individual is more likely to belong the “non-pathological” distribution). This study will use data from multiple nationwide samples of male and female veterans (total N = 1,560). These values will provide essential metrics through which both clinical trials and individual treatment progress can be evaluated. Collectively, they will be able to determine when an individual—or in the case of a clinical trial, what portion of a given sample—has exhibited reliable and clinically significant change in PTSD symptoms.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Salon C/D

Advancements in Assessment of DSM-5 PTSD

Self-Rated Versus Clinician-Rated Assessment of Posttraumatic Stress Disorder: An Evaluation of Diagnostic Discrepancies between the PCL-5 and CAPS-5
(Assess Dx, Clin Res-Clinical Practice-Res Meth, Adult, M, Industrialized)

Kramer, Lindsay, MS¹; Whiteman, Sarah, MS¹; Petri, Jessica, MS²; Spitzer, Elizabeth, MS¹; Weathers, Frank, PhD¹

¹Auburn University, Auburn, Alabama, USA
²Auburn University, Department of Psychology, Auburn, Alabama, USA

PTSD is commonly assessed with questionnaires or structured interviews. Although these distinct assessment methods are strongly associated, they can lead to different diagnostic conclusions. To date, no studies have empirically identified the sources for these discrepancies. Accordingly, the present study had three aims: (a) replicate previously identified discrepancies; (b) examine the contribution of several objective predictors of discrepancies, including negative impression management, infrequency, inconsistency, verbal IQ, conscientiousness, and neuroticism; and (c) identify subjective predictors of discrepancies through qualitative analysis of participant feedback. Trauma-exposed undergraduates (N= 55) were administered the PCL-5, the CAPS-5, and several other self-rated measures. Results indicated that the most discrepant symptoms were cued distress, cued physical reactions, avoiding internal and external reminders, and blame. Additionally, multiple regression analysis revealed that neuroticism was the most predictive of discrepant symptoms. Lastly, qualitative analyses revealed the most commonly reported reasons for discrepancies were that the CAPS-5 reiterated the time frame, inquired in greater detail, clarified misunderstood symptoms, and facilitated greater disclosure. Implications for assessing PTSD in clinical and research contexts will be discussed.
Advancements in Assessment of DSM-5 PTSD

Invariance of the Construct of Posttraumatic Stress Disorder: A Systematic Review
(Assess Dx, Res Meth, Lifespan, M, Industrialized)

Contractor, Ateka, PhD¹; Caldas, Stephanie, MA¹; Dolan, Megan, BA²; Natesan, Prathiba, PhD¹; Weiss, Nicole, PhD³

¹University of North Texas, Denton, Texas, USA
²University of North Texas, Department of Psychology, Denton, Texas, USA
³University of Rhode Island, Kingston, Rhode Island, USA

We conducted a systematic review of studies evaluating invariance of posttraumatic stress disorder (PTSD) to summarize their conclusions on (1) invariance/non-invariance and (2) sources of non-invariance. In November 2017, we searched publication archives for predetermined keywords. Inclusionary criteria included: peer-reviewed, DSM-IV/5 PTSD invariance as main study aim, using multi-group confirmatory factor analyses, and using an independent PTSD instrument/module (n = 45/1,169). Following PRISMA guidelines, research assistants completed a secondary search and independently extracted data. Results indicated that DSM-IV Dysphoric Arousal and DSM-5 Hybrid Model factors demonstrated the most stability; sources of instability were some intrusion (distress to trauma cues), dysphoria/numbing (e.g., traumatic amnesia, foreshortened future), and arousal (hypervigilance) items. The PTSD Checklist- and PTSD Reaction Index-assessed PTSD, although most examined, did not demonstrate complete conceptual equivalence. Clinician-administered measures demonstrated more conceptual equivalence across subgroups. Age, gender, cultural/linguistic factors, and sample diversity had the least moderating effect on PTSD symptom structure. Our review demonstrates the need to examine PTSD’s invariance in line with recommended guidelines for each study to draw meaningful comparative conclusions.
The Impact of Type and Timing of Childhood Trauma on the Neural and Physiological Responses to Threat

Elzinga, Bernet, PhD
Leiden University, Leiden, Netherlands

Deleterious effects of childhood abuse and neglect on the brain have been widely reported. In recent years, evidence has emerged that the effects on brain volume and function can be differentially modulated by type and timing of maltreatment. A better understanding of the neurocognitive mechanisms underlying the pathways of abuse and neglect to adult psychiatric disorders, such as depression and anxiety, is essential if we are to move towards an effective approach to specific, preventative and mechanistically informed interventions of abuse and neglect. The aim of this symposium is to elucidate the impact of specific types (particularly abuse versus neglect) and windows of maltreatment (childhood versus adult maltreatment) on brain functioning. Findings from four international projects (i.e., Germany, UK, Australia and Netherlands) will be presented and discussed in the context of the long-term impact of abuse and neglect on affective well-being. In three of the projects the neural correlates of emotion processing in response to threat are investigated, focusing on the impact of negative pictures in an emotional working memory task (Schmahl), perceptual face matching in relation to anger (McCrory) and emotional face perception and social exclusion (Elzinga) in individuals and families with a wide range in ages and experiences of abuse versus neglect. The fourth study (Felmingham) will report on the impact of the timing of trauma exposure on startle responses and automatic inhibition. The implications will be discussed with respect to the specific pathways of childhood abuse and neglect in terms of prevention and the intergenerational transmission of abuse and neglect.

Influence of Childhood and Adolescent Maltreatment on Brain Volume and Function – Do Type and Timing Matter?

Sicorello, Maurizio, PhD Student\textsuperscript{1}; Herzog, Julia, PhD Candidate\textsuperscript{1}; Thome, Janine, PhD\textsuperscript{2}; Lis, Stefanie, PhD\textsuperscript{3}; Bohus, Martin, MD\textsuperscript{4}; Schmahl, Christian, MD\textsuperscript{1}

\textsuperscript{1}Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany
\textsuperscript{2}Central Institute of Mental Health, Department of Computational Neuroscience, Mannheim, Germany
\textsuperscript{3}Central Institute of Mental Health, Institute of Psychiatric and Psychosomatic Psychotherapy, Mannheim, Germany
Background: Deleterious effects of childhood maltreatment and early deprivation on brain volume are widely reported. Evidence emerged that the effect on brain volume is differentially modulated by type and timing of maltreatment. We aimed to investigate the effect of type and timing of childhood maltreatment on brain volume and function.

Methods: In a sample with adverse childhood experiences (N = 68), we assessed exposure to maltreatment from age 3 up to 17 using the Maltreatment and Abuse Chronology of Exposure interview (MACE). Covariations of MACE severity at different ages with brain volume was calculated by conditional random forest regression. fMRI correlates of emotion processing were assessed by presenting negative pictures within an emotional working memory task.

Results: Experiences in the first half of adolescence were particularly predictive for hippocampal and amygdala volume. Overall, effects of neglect were both stronger and more temporally distributed than those of abuse. Descriptively, effect reversals were observed more often for abuse.

Conclusion: Our study confirms previous findings on the relationship between brain volume and trauma exposure during sensitive periods. Preliminary results on the relationship between type and timing of trauma exposure and neurobiological responses to emotional stimuli will be presented.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Salon H/I

The Impact of Type and Timing of Childhood Trauma on the Neural and Physiological Responses to Threat

Pass it on? The Neural Responses in the Context of a Family Study on Parental Abuse and Neglect
(Bio Med, CPA-Chronic-Fam/Int-Neuro, Lifespan, M, Industrialized)

Elzinga, Bernet, PhD1; van den Berg, Lisa, PhD Candidate2; Tollenaar, Marieke, PhD1; Bakermans-Kranenburg, Marian, PhD1; Van IJzendoorn, Marinus, PhD1
1Leiden University, Leiden, Netherlands
2University of Leiden, Faculty of Social and Behavioural Sciences; Psychology, Leiden, Netherlands

Background: Rejection by parents is an important aspect of child maltreatment. Altered neural responses to emotional faces, social rejection and difficulties in emotion regulation have been observed in individuals with a history of abuse and neglect.

Methods: The current study examined the impact of experienced and perpetrated abuse and neglect on neural responses to social exclusion and emotional faces, and on emotion regulation, using a multigenerational family design (n=171 participants, consisting of 51 families of two generations, age range: 8–69 years). The role of neural reactivity to social exclusion and emotional face processing in the context of intergenerational transmission on maltreatment was also examined.

Results: Experienced maltreatment, but not perpetrated maltreatment, was associated with increased neural reactivity to social exclusion in the insula, ACC and dmPFC, and with enhanced bilateral amygdala activation in response to fearful faces in (older) individuals. This was mostly driven by experienced neglect, rather than abuse.

Conclusions: Our study confirms previous findings on the impact of parental neglect on brain development. These findings will be discussed in the context of the development of emotion regulation skills and other processes that may be involved in the intergenerational transmission of abuse and neglect.
The Impact of Type and Timing of Childhood Trauma on the Neural and Physiological Responses to Threat

Felmingham, Kim, PhD¹; Miller, Lisa, PhD Student²; Lawrence-Wood, Ellie, BSc Hons Psychology³; Van Hooff, Miranda, BA (Hons), PhD³; Bryant, Richard, PhD⁴; McFarlane, Alexander, MD³
¹University of Melbourne, Melbourne, Victoria, Australia
²University of Melbourne, Parkville, Victoria, Australia
³Adelaide University, Adelaide, South Australia, Australia
⁴University of New South Wales, School of Psychology, Sydney, New South Wales, Australia

Inhibitory function and the prefrontal regulation of limbic arousal networks develops progressively from childhood to adulthood. Recent evidence suggests that trauma-exposure during critical sensitive periods of neurodevelopment may have particularly significant impacts on neurobiological function. This study examines the impact of the timing of trauma exposure on startle responses and automatic inhibition. 120 participants provided detailed information on the onset and nature of prior trauma exposure, and then undertook an experimental task which assessed resting startle (electromyography) and heart rate responses, and then a prepulse inhibition paradigm examining their capacity for inhibition and automatic gating of sensorimotor responses. Participants who had experienced trauma prior to 10 years of age displayed significantly greater EMG startle responses and resting heart rate responses the those experiencing trauma in adulthood (25 years and over). Secondly, those experiencing childhood trauma (less than 10 years) reported poorer inhibitory capacity in the prepulse inhibition task compared to those experiencing trauma in adulthood. These findings suggest that those experiencing early childhood trauma have heightened autonomic arousal linked to limbic and brainstem activity, and poorer inhibitory control than those who experienced adult trauma.
McCrorry, Eamon, BA (Hons)
Viding, Essi, BA
Gerin, Mattia, BA
Hariri, Ahmad, PhD
Puetz, Vanessa, PhD
Pingault, Jean Baptise, BA (Hons)
Knoedt, Annchen, PhD
Radtkke, Spenser, PhD
Brigidi, Bartholomew, PhD
Swartz, Johnna, PhD
Maguire, Eleanor, PhD
Mechelli, Andrea, PhD

1 University College London, Department of Clinical, Educational and Health Psychology, London, United Kingdom
2 Yale School of Medicine, New Haven, Connecticut, USA
3 Duke University, Durham, North Carolina, USA
4 University College London, London, United Kingdom
5 Duke University, The Laboratory of NeuroGenetics, Durham, North Carolina, USA
6 University of California, Davis, California, USA, CA
7 University College London, Wellcome Centre for Neuroimaging, London, United Kingdom
8 King's College London, London, United Kingdom

Background: Early adverse environments significantly increase future risk for psychiatric disorder. The neurocognitive mechanisms underlying this association remain poorly understood.

Methods: Using fMRI the autobiographical memory system and threat processing system were investigated in the following cohorts respectively: (A) Children with documented maltreatment (N=34), mean age 12yrs; (B) Adults retrospectively reporting maltreatment (N=100 ), mean age 19yrs. Both studies included well matched controls and longitudinal follow up to assess social and mental health functioning.

Results: Maltreatment experience was associated with altered neurocognitive functioning in both domains: (A) Increased over-general memory, and greater amygdala / salience network activation for negative memories; (B) greater amygdala activation to angry faces. Alterations in both systems predicted future social / mental health functioning controlling for baseline levels.

Conclusions: These findings inform an understanding of latent vulnerability. Neurocognitive alterations, over time, may increase psychiatric risk by increasing stress susceptibility and propensity to experience major stressful life events (stress generation). Understanding such pathways are essential if we are to move towards an effective approach to preventative and mechanistically informed intervention.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Arlington

Novel Barriers and Facilitators of Treatment Engagement among U.S. Veterans with PTSD and other Mental Health Conditions
(Clin Res, Clin Res-Clinical Practice, Adult, M, Industrialized)

Krill Williston, Sarah, PhD
VA Boston Healthcare System, Boston, Massachusetts, USA

While there are many efficacious and effective treatments that promote recovery from PTSD and other common mental health problems (e.g. depression), research suggests that many veterans in need of mental health treatment do not access care, or receive an inadequate dose due to premature drop-out. Further, among veterans who do seek care, the average delay in seeking treatment is 2 years (Maguen et al., 2012). Therefore, it is important to identify individual, social, and contextual factors that influence veterans’ treatment engagement and target these factors in interventions to promote effective help-seeking and recovery from trauma. While much of the prior research has focused on documenting the impact of logistical and attitudinal factors on veterans’ treatment seeking, the presentations in this symposium will describe the impact of novel individual-level (e.g. mental health literacy, functioning), contextual (e.g. life stressors), and relational factors (e.g. peer and relationship support) on U.S.
veterans’ treatment engagement, with special attention to the role of gender in these relationships. Implications for interventions targeting these barriers and facilitators of treatment will be discussed.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Arlington

Novel Barriers and Facilitators of Treatment Engagement among U.S. Veterans with PTSD and other Mental Health Conditions

Differential Impact of Relationship and Work Impairment on Treatment Seeking among U.S. Male and Female Veterans with PTSD and Depression
(Clin Res, Mil/Vets, Adult, M, Industrialized)

Vogt, Dawne, PhD¹; Danitz, Sara, PhD²; Fox, Annie, PhD³; Sanders, Wesley, PhD⁴; Smith, Brian, PhD⁵
¹National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
²VA National Center for PTSD, Women's Health Sciences Division, Boston, Massachusetts, USA
³VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA
⁴Massachusetts General Hospital, Boston, Massachusetts, USA
⁵National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

Although symptom severity is a known predictor of treatment seeking, the role of functional impairment in this association is unclear. This study examined the contribution of relationship and work impairment to service use among women and men with PTSD and depression symptoms. Data from mailed surveys of 363 U.S. military veterans were examined longitudinally. Stratified regression analyses were applied to evaluate moderating and mediating effects of functional impairment in association between symptoms and mental health service use, with significant effects observed for relationship but not work impairment. For men, relationship impairment moderated the association between mental health and service use, such that the impact of depression symptoms on treatment seeking was reduced when accompanied by high impairment. For women, subsequently assessed relationship impairment acted as a mediator of the positive association between PTSD symptom severity and service use. The finding that relationship impairment interfered with treatment seeking for men but facilitated treatment seeking for women may help explain widely demonstrated sex differences in treatment seeking. Results underscore the importance of attending to the role of relationship impairment in veterans’ treatment seeking and highlight the value of implementing sex-informed approaches to treatment promotion efforts.
One-third of veterans who initiate prolonged exposure (PE) and cognitive processing therapy (CPT) do not complete. Competing life demands have been hypothesized to contribute to early discontinuation, yet surprisingly little is known about how day-to-day life interferes with engagement in evidence-based psychotherapies. To develop a nuanced understanding of PE and CPT dropout, we conducted semi-structured interviews with a national sample of veterans who completed (n = 60) and prematurely discontinued (n = 68) PE and CPT. Among other topics, interviews explored the role of social influences and logistic barriers in veterans’ ability to finish treatment. Thematic analyses revealed that the presence of minor and major life stressors did not differ between completers and non-completers. Non-completers reported the need to choose between competing demands or prioritize life stressors over PE/CPT engagement. Life stressors were also used as an “excuse” to discontinue PE/CPT. Completers were better able to manage competing life demands and “compartmentalize” stressors during treatment. Non-completers anticipated negative effects of PE/CPT engagement on work and social functioning; worries regarding the development of additional life stressors contributed to early discontinuation. Potential strategies for addressing competing demands during EBP participation will be discussed.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Arlington

Novel Barriers and Facilitators of Treatment Engagement among U.S. Veterans with PTSD and other Mental Health Conditions

A Brief, Peer Intervention and its Relationship with Veteran Mental Health Treatment Utilization
(Practice, Mil/Vets, Adult, M, Industrialized)

Goetter, Elizabeth, PhD1; Sanders, Wesley, PhD2; Bui, Eric, MD PhD3; Simon, Naomi, MD, MsC3
1Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA
2Massachusetts General Hospital, MGH Home Base Program, Boston, Massachusetts, USA
3New York University School of Medicine, New York, New York, USA
Peer support appears to offer several benefits for veterans in need of mental health treatment, including encouragement around care-seeking (Jain et al., 2012). An observational pilot study was conducted using an institutional review board-approved data repository to preliminarily evaluate the association and potential impact of a veteran peer outreach strategy on treatment engagement and dropout. Veteran peer outreach coordinators (VPOCs) conducted outreach to prospective patients (a) within 1 week after clinical evaluation and (b) 1 month after the patient’s first treatment session to patients entering treatment at a general mental health clinic for Iraq and Afghanistan veterans and military service members. Individuals were 102 consecutive psychotherapy referrals. At 6 months, participants who received both contacts from VPOC had more psychotherapy sessions \((M = 10.85, SD = 8.25)\) compared with those who had received no contact \((M = 5.47, SD = 6.41), t = 2.56, p < .05.\) The dropout rate was also significantly lower for those who received both peer outreach contacts \((17.39\%)\) compared with those who received only 1 VPOC contact \((51.11\%)\) or no VPOC contact \((43.75\%), c^2 = 7.27, p < .05.\) Veteran peer outreach may be associated with better treatment engagement and lower dropout.

**Symposium**
**Saturday, November 16**
**9:45 AM to 11:00 AM**
**Arlington**

**Novel Barriers and Facilitators of Treatment Engagement among U.S. Veterans with PTSD and other Mental Health Conditions**

**An Examination of the Roles of Mental Health Literacy, Treatment-Seeking Stigma, and Perceived Need for Care in U.S. Female Veterans’ Service Use**

(Clin Res, Clin Res-Mil/Vets-Gender, Adult, M, Industrialized)

**Krill Williston, Sarah, PhD**; Bramande, Emily, BA; Vogt, Dawne, PhD; Fox, Annie, PhD

1VA Boston Healthcare System, Boston, Massachusetts, USA
2VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA
3National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA

Although research has highlighted that treatment-seeking stigma is a key barrier to military veterans’ mental health service use, less is known about the role of mental health literacy in treatment-seeking stigma and service use, or the impact of both of these factors on veterans’ perceived need for mental health care. Building on the recognition that female veterans may experience unique barriers to seeking treatment following military service, the current study examined the relationship between mental health literacy, treatment-seeking stigma, perceived need for mental health care, and service use, in a national, longitudinal study of female veterans \((N = 171)\). Path analysis results revealed that treatment-seeking stigma had a direct negative effect on likelihood of service use, and this effect was mediated by perceived need for care such that individuals reporting higher treatment-seeking stigma were less likely to perceive a need for mental health care. Results also revealed that mental health literacy had an indirect effect on service use via its inverse association with treatment-seeking stigma. In contrast, mental health literacy was not associated with perceived need for care, either directly or indirectly. Clinical implications for anti-stigma and mental health literacy interventions to promote treatment engagement among female veterans will be discussed.
Psychosocial and Mental Health Sequelae of Intimate Partner Violence: Implications for Clinical Care & Prevention Efforts  

Mahoney, Colin, PhD\textsuperscript{1}; Iverson, Katherine, PhD\textsuperscript{2}  
\textsuperscript{1}National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA  
\textsuperscript{2}National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

This symposium showcases findings from research focused on women who experience intimate partner violence (IPV) and associated implications for enhancing clinical care and prevention of future IPV. Dr. Hollis will present on the relationship between classes of sexual violence experiences and negative mental health outcomes within the context of IPV, Dr. Mahoney will elucidate modifiable risk factors for IPV revictimization with a focus on alcohol use, Mollie Shin will discuss the effects of military sexual trauma on IPV and other health risks, and Katherine Bogen will share findings on community readiness to prevent IPV and sexual violence in middle school settings. Dr. Iverson will discuss the findings, including clinical and research implications for screening, assessment, and treatment strategies to reduce psychological distress and risk for revictimization.

Impact of Childhood and Adulthood Sexual Violence on Negative Mental Health Outcomes Among Women Who Report Intimate Partner Violence  
(Clin Res, CSA-Chronic-DV-Rape, Adult, M, Industrialized)

Hollis, Brittany, PhD\textsuperscript{1}; Dichter, Melissa, PhD MSW\textsuperscript{2}  
\textsuperscript{1}Department of Veteran Affairs, Pittsburgh VA Medical Center, Pittsburgh, Pennsylvania, USA  
\textsuperscript{2}Department of Veterans Affairs Medical Center, Philadelphia, Pennsylvania, USA

Sexual violence (SV), including childhood and adulthood abuse/assault, is a serious public health concern, especially among women. Women may experience SV in adulthood, within – or external to – an ongoing intimate relationship (i.e., intimate partner violence [IPV]). Research indicates that SV is related to many negative health outcomes (e.g. reproductive health issues and depression), and specifically, studies have found that women who experience sexual IPV are more likely to report poorer health outcomes compared to women who report only physical IPV.  
The current study used longitudinal survey data from 149 female patients at the Veterans Health Administration.
(VHA) who had experienced past-year IPV. The researchers sought to better understand the relationship between classes of SV experience (childhood, adulthood, both, or none) and negative mental health outcomes within the context of IPV situations. Class analyses reveal differences between the types of violence experienced and negative outcomes (i.e., post-traumatic stress symptomology), as well as the cumulative impact of trauma (i.e., lifetime revictimization). These findings contribute to our understanding of the impact of SV over the course of a lifetime. Findings of this study will be discussed within the context of intimate partner violence, including its impact on stress and health for survivors.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Berkeley/Clarendon

Psychosocial and Mental Health Sequelae of Intimate Partner Violence: Implications for Clinical Care & Prevention Efforts

Alcohol Use Moderates the Relation between PTSD Symptoms and Intimate Partner Violence Revictimization
(Clin Res, Chronic-Clin Res-DV-Sub/Abuse, Adult, M, Industrialized)

Mahoney, Colin, PhD\(^1\); Iverson, Katherine, PhD\(^2\)
\(^1\)National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA
\(^2\)National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

Over a third of women (37.3%) in the United States have experienced intimate partner violence (IPV; i.e. sexual violence, physical aggression, or stalking by an intimate partner [Smith et al., 2017]). Given the high prevalence of IPV revictimization, it is imperative to understand factors survivors can influence to reduce risk for future violence. We investigated the role of PTSD symptoms and alcohol use for IPV revictimization in a sample of 198 female veterans who completed two surveys at one year apart. On the CTS-2 (Straus et al., 1996), approximately 15% (n=30) of women reported lifetime physical IPV at Time 1 and 8% (n=15) of the sample reported past-year physical IPV at Time 2. All of the women who reported physical IPV at Time 2 had a prior history of IPV. We examined the interaction of Time 1 PTSD symptoms and alcohol use predicting Time 2 physical IPV revictimization 12 months later while controlling for age, previous lifetime physical violence exposure at Time 1, and history of military sexual trauma. Results of moderation analyses indicated that PTSD symptoms increased risk for IPV revictimization at high levels of alcohol use (95% CI [.02, .04]); this relationship was not found for low (95% CI [-.02, .01]) or average (95% CI [-.01, .01]) levels of alcohol consumption. Clinical implications for reducing risk of revictimization will be discussed.
Engaging Middle School Educators in Violence Prevention: A Mixed-Methods Analysis of Community Readiness
(Prevent, Clin Res-Rape, Other, M, Industrialized)

Bogen, Katherine, BA
Mulla, Mazheruddin, PhD
Orchowski, Lindsay, PhD
1Rhode Island Hospital & Brown University, Providence, Rhode Island, USA
2Alpert Medical School of Brown University, Providence, Rhode Island, USA
3Brown University Warren Alpert Medical School, Providence, Rhode Island, USA

Dating and sexual violence are significant problems among U.S. middle school students, with 77% of students perpetrating some form of abuse (Niolon et al., 2014). Schools can play an important role in the implementation of violence prevention programs. Perceived community readiness to address violence may increase teachers’ feelings of self-efficacy intervening in potentially harmful situations (Pelletier & Brent, 2002). The present study invited 269 educators at 7 middle schools to reflect on community readiness to respond to instances of violence through a quantitative survey assessment. Interviews were also conducted to examine stakeholder perceptions of community readiness. Iterative qualitative coding of 11 stakeholder interviews revealed the following themes: conceptualization of problem behaviors, risk factors for violence, school culture, school needs, and the importance of bystander intervention. Analyses of survey data showed that positive perceptions of campus climate and greater knowledge of prevention efforts were associated with lower perceived barriers to intervening. Greater awareness of campus prevention resources were associated with higher self-reported likelihood of intervening. Findings underscore the importance of addressing stakeholder perceptions of community readiness to improve violence prevention in schools.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Berkeley/ Clarendon

Psychosocial and Mental Health Sequelae of Intimate Partner Violence: Implications for Clinical Care & Prevention Efforts

Associations between Military Sexual Trauma, Current IPV, and PTSD in a Sample of Women Veterans Presenting to VA Primary Care
(Prevent, Aggress-DV-Rape-Mil/Vets, Adult, M, Industrialized)

Shin, Mollie, BA
Bennett, Morgan, BS
Roe, Kathryn, BA
D'Aoust, Nicole, Undergraduate
Tzilos Wernette, Golfo, PhD
Orchowski, Lindsay, PhD
Kahler, Christopher, PhD
Shea, M. Tracie, PhD
Pulverman, Carey, PhD
Zlotnick, Caron, PhD
Creech, Suzannah, PhD
1VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA
2University of Michigan, Ann Arbor, Michigan, USA, 48104
3Brown University Warren Alpert Medical School, Providence, Rhode Island, USA
4Brown University School of Public Health, Providence, Rhode Island, USA
5Alpert Medical School of Brown University, Department of Psychiatry & Human Behavior, Brown University, Providence, Rhode Island, USA
6Brown University Warren Alpert Medical School, Butler Hospital, Providence, Rhode Island, USA
7UT Austin Dell Medical School and Seton Family of Hospitals, Seton Mind Institute, Austin, Texas, USA
Research suggests that military sexual trauma (MST), sexual harassment and assault during military service, is more detrimental to women veterans’ health than sexual trauma at other time points (i.e., childhood, and pre/post-military adulthood). Little is known about the influence of the different forms of MST on health risks including hazardous drinking, intimate partner violence (IPV) and posttraumatic stress disorder (PTSD). Among a sample of women veterans (N = 274) at VA hospitals, the current study examined the effect of MST on health risks when compared to non-military sexual trauma, and further compared the effect of MST harassment versus MST assault. Results indicated that any experience of MST (harassment and/or assault) was significantly associated with the overall number of health risks, PTSD, and IPV, but not hazardous drinking. MST assault was associated with higher PTSD symptoms than MST harassment. Findings underscore the significant relationships between MST and health outcomes of IPV, and PTSD, and that type of MST may impact health risks. Although many researchers acknowledge the connection between MST and PTSD, few have considered the impact of MST on relationship functioning and IPV. A closer examination of the relationship between these experiences could improve interventions to reduce revictimization and morbidity.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Dartmouth/ Exeter

The Delicate Web of Dyadic Relationships: Understanding and Reducing the Impact of PTSD
(Clin Res, Comm/Int-Fam/Int-Mil/Vets-Gender, Adult, I, Industrialized)

Walter, Kristen, PhD1; Schumm, Jeremiah, PhD2
1Naval Health Research Center, San Diego, California, USA
2Wright State University, Dayton, Ohio, USA

Posttraumatic stress disorder (PTSD) is associated with partner distress and intimate relationship impairment (Lambert et al., 2012; Taft et al., 2011), which limits the relationship’s ability to promote resilience and recovery from the disorder. It is important to better understand the ways that posttraumatic stress symptomatology may negatively impact spouses and disrupt intimate relationship functioning so that these processes may be targeted in conjoint treatments for PTSD to improve the well-being of the trauma survivor, the partner, and the couple’s relationship. Consistent with the conference theme, the overall aim of this symposium is to understand how interpersonal factors are associated with barriers to resiliency in the aftermath of trauma, and how interventions can harnesses the healing power of intimate relationships to promote recovery from PTSD. Specific presentations will identify mechanisms by which PTSD symptoms may contribute to spousal psychological distress and relationship conflict and highlight how targeting these processes through a brief, novel format of couple therapy for PTSD can efficiently leverage the couple’s relationship to simultaneously treat PTSD and enhance intimate relationship adjustment. First, Dr. Kristen Walter will present data from couples in the Millennium Cohort Family Study, the largest study of military families in the United States. This study will identify the PTSD symptom clusters predictive of new-onset depression among military spouses. Dr. Steffany Fredman will then highlight gender differences in the mediating role of fear of emotions in the association between PTSD symptoms and couples’ demand-withdraw conflict behavior among trauma-exposed community couples. Next, Dr. Rachel Liebman will present a study illustrating that self- and other- perceptions of PTSD symptom severity, rather than trauma exposure per se, influence relationship conflict among community dyads. Finally, Dr. Alexandra Macdonald will present longitudinal data on changes in patients’ PTSD symptom clusters, general mental and physical health symptoms, and overall psychosocial functioning in a study of an abbreviated, intensive, multi-couple group format of cognitive-behavioral
conjoint therapy for PTSD (AIM-CBCT for PTSD) in military or veteran couples. Collectively, these presentations aim to demonstrate the diverse and intricate ways that PTSD can affect dyadic relationships and how the couple relationship can be used to promote recovery from PTSD. The symposium will conclude with Dr. Jeremy Schumm discussing how findings from these basic and translational studies may be used to inform new directions in couple-based interventions to promote recovery from PTSD.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Dartmouth/Exeter

The Delicate Web of Dyadic Relationships: Understanding and Reducing the Impact of PTSD

Pilot Study of Multi-Couple Group Therapy for PTSD: Changes in PTSD Symptom Clusters, Psychosocial Functioning, and Health Outcomes
(Clin Res, Clinical Practice-Fam/Int-Mil/Vets, Adult, I, Industrialized)

Macdonald, Alexandra, PhD1; Fredman, Steffany, PhD2; Monson, Candice, PhD, Cpsych1; Le, Yunying, MS2; Dondanville, Katherine, PsyD2; Rhoades, Galena, PhD5

1The Citadel, Military College of South Carolina, Charleston, South Carolina, USA
2Pennsylvania State University, University Park, Pennsylvania, USA
3Ryerson University, Department of Psychology, Toronto, Ontario, Canada
4University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA
5University of Denver, Denver, Colorado, USA

Cognitive-behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD; Monson & Fredman, 2012) is efficacious in reducing PTSD symptoms and enhancing relationship adjustment. However, attending 15 weekly sessions can limit engagement and retention. We developed an abbreviated, intensive, multi-couple group format of CBCT for PTSD (AIM-CBCT for PTSD; Fredman et al., 2019) that has shown initial promise for improving PTSD, comorbid symptoms and relationship adjustment in 24 post-9/11 military or veteran couples. This study investigated outcomes with respect to patients’ PTSD symptom clusters, psychosocial functioning, general mental and physical health and insomnia. Assessments conducted 1 and 3 months after the intervention revealed significant moderate or large effect size reductions in PTSD symptom clusters (ds = 0.45 to 1.15), psychosocial functioning (ds = 0.69 to 0.85) and general mental health (ds = 0.64 to 0.85). Consistent with prior studies, there were non-significant small effect size changes in insomnia (ds = 0.19 to 0.37). There were no effects for physical health (ds = 0.01 to 0.10), possibly due to a relatively physically healthy sample. These findings suggest broader mental health and psychosocial functioning effects of AIM-CBCT for PTSD, and the potential need for adjunctive interventions to address issues specific to sleep.
Gender, Fear of Emotions, and the Association between PTSD Symptoms and Couples’ Demand/Withdraw Communication
(Clin Res, Clin Res-Fam/Int-Gender, Adult, I, Industrialized)

Fredman, Steffany, PhD; Le, Yunying, MS; Taverna, Emily, BA; Marshall, Amy, PhD
Pennsylvania State University, University Park, Pennsylvania, USA

Posttraumatic stress disorder (PTSD) symptoms are associated with negative communication behaviors, including a “demand/withdraw” pattern in which one partner pursues and the other disengages (e.g., Cook et al., 2004). However, prior work has not identified mechanisms by which PTSD symptoms contribute to these patterns or gender differences in such mediators.
We investigated the mediating role of fear of emotions in the association between PTSD symptoms and couples’ demand/withdraw behavior during relationship conflict, as well as gender differences in these indirect effects, among 64 trauma-exposed community couples. To test our hypothesized model, an adapted version of the Actor-Partner Interdependence Mediation Model was employed in an SEM framework. The woman demand/man withdraw pattern was predicted by women’s PTSD symptoms via their own fear of emotions as well as men’s PTSD symptoms via their own and their partners’ fear of emotions.
Consistent with the “tend and befriend” theory of women’s responses to stress (Taylor et al., 2000), women’s attempts to engage with their partners during relationship conflict may be an interpersonally-oriented emotion regulation strategy in response to their own and their partners’ discomfort with emotional arousal in the context of PTSD symptoms. Clinical implications for conjoint interventions for PTSD will be discussed.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Dartmouth/Exeter

The Delicate Web of Dyadic Relationships: Understanding and Reducing the Impact of PTSD

Actor and Partner Effects of PTSD on Relationship Quality in a Recently Traumatized Sample
(Practice, Clin Res-Clinical Practice-Cog/Int-Fam/Int, Adult, I, Industrialized)

Liebman, Rachel, PhD1; Schumm, Jeremiah, PhD2; Hart, Tae, PhD, Cpsych1; Monson, Candice, PhD, Cpsych1
1Ryerson University, Department of Psychology, Toronto, Ontario, Canada
2Wright State University, Dayton, Ohio, USA

Research suggests that self and collateral reports of PTSD symptom severity are associated with perceptions of relationship quality within each assessment source. However, the degree to which each person’s perceptions of PTSD symptoms influence the other’s relationship quality is unknown. This study used actor-partner interdependence modeling to examine self- and other- perceptions of PTSD severity on respective perceptions of relationship quality.
Dyads (N = 107) in which one member was exposed to a traumatic event within the last seven months were recruited from the community, with a romantic partner, family member, or friend. Each participant completed the PTSD Checklist for DSM-5 (PCL-5) on the traumatized member’s symptoms, and the three subscales of the Quality of Relationships Inventory (QRI; Depth, Conflict, Support). Mixture models with fixed effects estimated the
association of actor and partner effects of PCL scores on QRI subscales, covarying for traumatized member status. There was a significant (p < .05) small-to-medium, positive effect of actor (β = .34) and partner (β = .14) PCL on QRI conflict but no significant effects on QRI support or depth. Moreover, these results did not differ by traumatized member status. Theory and treatment that conceptualizes PTSD in a dyadic context are indicated.

Symposium
Saturday, November 16
9:45 AM to 11:00 AM
Dartmouth/ Exeter

The Delicate Web of Dyadic Relationships: Understanding and Reducing the Impact of PTSD

Service Members’ PTSD Symptom Clusters Predict New-Onset Depression among Military Spouses
(Pub Health, Depr-Fam/Int-Mil/Vets, Adult, I, Industrialized)

Walter, Kristen, PhD1; LeardMann, Cynthia, MPH2; Carballo, Carlos, MS3; McMaster, Hope, PhD3; Donoho, Carrie, PhD3; Stander, Valerie, PhD1
1Naval Health Research Center, San Diego, California, USA
2Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., Bethesda, Maryland, USA,
3Walter Reed Army Institute of Research (WRAIR), Silver Spring, Maryland, USA

Military operations in Iraq and Afghanistan have brought increased attention to Posttraumatic stress disorder (PTSD) among service members and, more recently, its impact on spouses. Existing research has demonstrated that PTSD among service members is associated with probable major depressive disorder among military spouses. The current study extends these findings by using data from the Millennium Cohort Family Study, the largest study of military families in the United States, to identify PTSD symptom clusters of the service member that predict new-onset depression among military spouses. Longitudinal survey data from 595 service member-spouse dyads from all military branches and components over a period of approximately four years were analyzed. Fifteen percent of military spouses married to service members with PTSD met criteria for new-onset depression over the study period. Results demonstrated that the effortful avoidance symptom cluster of the service member (OR=1.43) predicted an increased risk of new-onset depression among military spouses, whereas re-experiencing symptoms (OR=0.53) were actually protective. Findings suggest that PTSD symptom clusters in service members differentially predict as risk and protective factors for new-onset depression in military spouses, which has implications for treatment provision.
Panel Presentation  
Saturday, November 16  
9:45 AM to 11:00 AM  
Salon J/K

The Global Human Rights and Mental Health Crisis of Forced Displacement:  
Caring for Refugees through Mental Health Research  
(Global, Refugee, Adult, I, Global)

Hall, Brian, PhD; Miller, Kenneth, PhD; Rasmussen, Andrew, PhD; Bernstein, Amit, Professor

1Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA  
2War Child Holland, Amsterdam, Netherlands  
3Fordham University, Bronx, New York, USA  
4University of Haifa, Mount Carmel, Haifa, Israel

More than 70 million people are forcibly displaced by violence, war, ethnic cleansing, hunger and related tragic events. Repeated trauma exposure and post-migration stressors that characterize the refugee experience are a human rights and global public mental health crisis. Policy makers, non-governmental organizations, practitioners, and leaders of refugee communities, face a daunting set of questions and hurdles to develop and implement mental health care for refugees. In the service of this complex, multi-disciplinary, field-wide effort, our panel discussion will focus on 4 key issues: (1) the urgency and importance of research, (2) the challenges and complexities involved in carrying out such research, (3) the barriers to implementation of evidence-based practices, and (4) promising directions for refugee mental health research. Our panel speakers represent, and will speak to the perspectives of, scholars who have made strides in intervention research efforts in recent years, NGO partners that deliver services to refugees, policy-makers in global mental health, and critically, the experience and needs of refugees world-wide. Through this panel, we hope to inspire, encourage and help guide scholars to develop research programs dedicated to refugee mental health.

Panel Presentation  
Saturday, November 16  
9:45 AM to 11:00 AM  
Provincetown

A Multidisciplinary Perspective on Integrative Health Approaches for with Post Traumatic Stress Disorder and Traumatic Brain Injury  
(Practice, Anx-Clin Res-Health-QoL, Adult, M, N/A)

Sylvia, Louisa, PhD; Dotson, Heidi, MS; Maggiolo, Nicolette, RN; Iaccarino, Mary, MD; Normand, Patricia, MD; Ming Foynes, Melissa, PhD

1Massachusetts General Hospital, Boston, Massachusetts, USA  
2Spaulding Rehabilitation Hospital, Boston, Massachusetts, USA  
3Rush University Medical Center, Chicago, Illinois, USA  
4National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA

244
Presenters' names are in bold. Discussants' names are underlined.  
Moderators' names are in bold and underlined.  
Guides to Keyword Abbreviations located on pages 1-3.  
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
We will review the current theory and research on incorporating integrative health approaches in an intensive clinical program for veterans with Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Recent RCTs suggest that a) veterans with PTSD and/or TBI continue to experience symptoms after conventional treatments with psychotherapy and pharmacology (Steenkamp et al., 2015); and b) integrative health approaches, such as nutrition, exercise, mindfulness, and yoga are proven to reduce symptoms and improve quality of life in individuals with PTSD and TBI (Sornborger et al., 2018). Discussion of these approaches will include current recommendations on intensity, frequency and content of each for PTSD and TBI populations by a multidisciplinary panel working with these clinical populations (i.e., Registered Dietitian, Exercise Physiologist, Trauma-Focused Yoga instructor, Certified Mindfulness-Based Psychologist, Physical Medicine and Rehabilitation Physician). Research on emerging areas of integrative health approaches for PTSD and TBI will be reviewed, including collaborative songwriting (Bradt et al., 2018) and equine-assisted therapy (Lanning & Krenek, 2013; Earles et al., 2015). Finally, an intensive program for veterans will be presented that incorporates these integrative health components across four national treatment centers (Harvey et al., 2018).

Panel Presentation
Saturday, November 16
9:45 AM to 11:00 AM
Suffolk

Leveraging Arts-based Strategies and Creating Brave New Spaces to Address Trauma and Ignite Healing among Boys and Men of Color (BMoC)

(Powell, Wizdom, PhD, MPH1; Chang-Angulo, Rocio, PsyD2; Jones, Tyell, Other3; Gillman, Jonathan, MFA4; Smith, Denise, MBA1; Pitter, Trisha, MS1; Joslyn, Allison, MA1)

1University of Connecticut Health Center, Farmington, Connecticut, USA
2University of Connecticut Health Center, Farmington, Connecticut, USA
3Looking In Theatre, CREC Greater Hartford Academy of the Arts, Hartford, Connecticut, USA
4Looking In Theatre, Inc., Greater Hartford Academy of the Arts, Hartford, Connecticut, USA

Boys and men of Color (BMoC) have tremendous untapped promise that is hampered by potentially traumatizing, and often undisclosed, adverse community experiences (e.g., violence). Arts-based strategies are increasingly cited as effective ways of creating corrective brain experiences and providing effective means of trauma expression. For example, worldwide, the technique of creating and filming cases illustrate different aspects of trauma-focused clinical work. Strategies that integrate art into authentic community dialogues may be similarly impactful in centering, amplifying voice and creating brave spaces for trauma expression among BMoC. We describe two participatory action research strategies designed to address trauma among BMoC residing in Connecticut: 1) The design and implementation of a three-generation fishbowl dialogue to explore gaps in behavioral health and co-develop trauma support solutions for healthcare, policy, and broader systems change. Attendees were recruited by listserves, word-of-mouth, and through CT’s Multisector Alliance for Health Equity among BMoC. The dialogue was captured by a graphic illustrator, notes, and audio. Transcripts were analyzed using open coding methods. 2) The development, execution, and delivery of an innovative and collaborative project among psychologists, a filming team and adolescent actors/actresses from CT’s Looking In Theatre.
Workshop Presentation
Saturday, November 16
9:45 AM to 11:00 AM
Fairfield

Implementation of Trauma-Informed Care in Juvenile Detention: Triumphs, Challenges and Future Directions
(Clin Res, Assess Dx-Chronic-Clin Res, Child/Adol, M, N/A)

McNair, Felicia, PhD¹; Moaveni, Mahtab, PsyD²; Stok, Sasha, PhD¹; Baetz, Carly, PhD³; Weinberger, Emily, PhD Candidate⁴; Bart, Amanda, MA¹

¹NYU School of Medicine/Bellevue Hospital, New York, New York, USA
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⁴Fordham University, Department of Psychology, Bronx, New York, USA

This workshop focuses on the implementation of trauma-informed care (TIC) in a secure juvenile detention setting using the Essential Elements of a Trauma Informed Juvenile Justice System (NCTSN, 2015). Presenters will specifically discuss the implementation of two evidence-based interventions: Skills Training in Affective and Interpersonal Regulation- Adolescent (Cloitre et al., 2015) and Trauma Affective Regulation: A Guide for Education and Therapy (Ford et al., 2007). Presenters will also describe the gradual progression and evolution of TIC in these facilities throughout the years from an initial focus on the screening and treatment of trauma symptoms in youth, to the impact of vicarious trauma within an organization after an organizational assessment determined the need for increased focus on staff psychological safety. Presenters will share future directions towards increasing family engagement and cross systems collaboration. Presenters will also explain how a collaborative and trauma informed approach helped to overcome barriers to implementation (e.g., mental health stigma, cultural and logistical barriers) in a setting traditionally focused on correction and punishment. Presenters will engage participants in strategizing how to identify and address barriers in their own settings and will provide suggestions for tackling future potential barriers.
Saturday, November 16, 2019
Concurrent Session Ten

Invited Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon E/F

Risk, Resilience, and Recovery in the Wake of Mass Casualty Incidents: Learning from the Past and Moving toward the Future

Kilpatrick, Dean, PhD

Mass casualty incidents (MCIs) were originally limited to events that overwhelm emergency medical services (EMS) due to number and severity of injuries or deaths but now include psychological as well as physical injuries that strain mental health as well as EMS services. For 30 years, our Center has conducted MCI research studying prevalence of MCI-related PTSD and other problems, risk and protective factors, and ways to enhance recovery. This symposium has four presentations. The first provides an overview of our prior MCI work, mass violence incidents (MVI), and the need to broaden assistance and recovery efforts. The second describes a study with colleagues in Vietnam following Typhoon Xangsane that adapted a survey from a U.S hurricane study, trained interviewers, and interviewed 798 adults. The third describes research in Puerto Rico (PR) following Hurricane Maria that conducted the largest post-MCI mental health screening ever done in the U.S. (n=91,108 students) and, with the PR Department of Education, implemented an island-wide intervention. The fourth describes how prior work with MVI (e.g. the Pan Am Flt. 103 bombing and Mother Emanuel Church massacre) informed development of the National Mass Violence and Victimization Resource Center (NMVVRC) and how the NMVVRC is using innovative technology and collaboration to improve response, recovery, and resilience.

Invited Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon E/F

Risk, Resilience, and Recovery in the Wake of Mass Casualty Incidents: Learning from the Past and Moving toward the Future

Mass Casualty and Mass Violence Incidents: Differences from other Traumatic Events, our prior MCI/MVI Work, and what we Learned about why more Comprehensive Services are Needed

Kilpatrick, Dean, PhD
Medical University of South Carolina, Charleston, South Carolina, USA

Mass casualty incidents (MCIs) are large events that produce a sufficient number of deaths and physical or psychological injuries to overwhelm the community’s emergency medical, mental health, and other service systems.

Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined.
Guides to Keyword Abbreviations located on pages 1-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Their scope, high visibility, and community impact distinguish them from other types of traumatic events. MCIs have many causes ranging from natural and technological disasters to crime-related mass violence incidents MVIs such as shootings, bombings, hate crimes, and terrorist attacks. Our Center has studied numerous MCIs over the last three decades including natural disasters, civil disturbances, terrorist attacks, and hate crimes. This presentation will provide a brief overview of our experience with these MCIs and MVIs and how this has influenced our appreciation of the need for a comprehensive, victim/survivor-centric, trauma informed collaborative approach that can enhance the ability of communities to provide appropriate levels of mental health information and services to large numbers of victims/survivors following MCIs and MVIs.

Invited Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon E/F

Risk, Resilience, and Recovery in the Wake of Mass Casualty Incidents: Learning from the Past and Moving toward the Future

The Mental Health Impact of Typhoon Xangsane in Vietnam: An International Collaborative Epidemiological Study
(Pub Health, Comm/Vio-Nat/Dis-Pub Health-Tech/Dis, Lifespan, I, E Asia & Pac)

Acierno, Ron, PhD
Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

In 2006, Typhoon Xangsane disrupted a large-scale multi-agency mental health study of 4,982 individuals in the DaNang province of Vietnam. This paper will describe how researchers from the U.S. and Vietnam collaborated to conduct an epidemiological study with 798 of the original 4,982 participants who were re-interviewed using a modified version of a structured clinical interview developed to assess the impact of U.S. hurricanes. We determined prevalence and risk-factors associated with DSM-IV (APA, 1994) post-traumatic stress disorder (PTSD), major depressive disorder (MDD), panic disorder (PD), and generalized anxiety disorder (GAD). Post-typhoon prevalences were: PTSD 2.6%; MDD 5.9%; PD 9.3%; GAD 2.2%. Risk factors for post-typhoon psychopathology differed among disorders, but generally were related to extreme peri-traumatic fear, and in contrast to Western populations, higher age, but not gender. There are many established risk factors for PTSD in Western populations (e.g., peritraumatic fear, gender, poor health status, injury during the event) that did not remain significant predictors in the present study, highlighting potentially important differences between these populations. There is a great need for future research to identify unique predictors that may be specific to this culture.

Invited Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon E/F

Risk, Resilience, and Recovery in the Wake of Mass Casualty Incidents: Learning from the Past and Moving toward the Future

Disaster Exposure and Mental Health Outcomes in Children after Hurricane Maria
in Authors: Puerto Rico: Implementation of a Multi-Phase, Trauma-Focused Intervention Model  
(Pub Health, Comm/Vio-Nat/Dis-Pub Health-Tech/Dis, Child/Adol, I, N/A)

Orengo-Aguayo, Rosaura, PhD¹; Stewart, Regan, PhD¹; de Arellano, Michael, PhD²
¹Medical University of South Carolina, Charleston, South Carolina, USA
²National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA

Hurricane Maria made landfall in Puerto Rico on September 20, 2017, becoming the most devastating storm to impact the island in almost a century. This presentation will describe the results of the largest post-disaster screening effort conducted in the United States (N=96,108 Puerto Rican public school students) revealing significant disaster-related exposure and prevalence rates of PTSD. We also discuss the process by which our team established a partnership with the Puerto Rico Department of Education to implement a multi-phase, island-wide, trauma-focused intervention model post Hurricane Maria to address these mental health needs. Lessons learned and future work in the promotion of resiliency and recovery after a country-wide natural disaster will be highlighted.

Invited Symposium  
Saturday, November 16  
11:15 AM to 12:30 PM  
Salon E/F

Risk, Resilience, and Recovery in the Wake of Mass Casualty Incidents: Learning from the Past and Moving toward the Future

A Collaborative and Victim-Centric Approach for Responding to Mass Violence Incidents  

Best, Connie, PhD  
Medical University of South Carolina, Charleston, South Carolina, USA

This presentation will describe a collaborative and victim-centric approach for working with communities that have experienced a mass violence incident (MVI). Building on our many years of research and clinical experiences in the field of trauma, the National Mass Violence and Victimization Resource Center (NMVVRC) with funding from the Office for Victims of Crime (OVC), has developed an approach that has implications for the role of clinicians in preparing for, and responding to, MVIs. Our research findings with the families of Pan Am Flight #103 over Lockerbie, Scotland; victims of the September 11th tragedies; and other recent MVIs have informed our victim-centric approach. Our clinical experiences working closely with the survivors, families, and the congregation of the Mother Emanuel AME Church shooting; victims/survivors of MVIs in many states across the US as a part of our NMVVRC mission; our MVI Victim and Providers Stakeholder Forum; our National Partner Organizations; and members of law enforcement, prosecutors, and state and federal court victim advocates, serve as the basis for our strong recommendation for developing collaborative approaches. This presentation will discuss the expanded role that clinicians can, and we would suggest should, play in preparing for and responding to MVIs.
Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon A/B

Prolonged Grief Disorder: New Emerging Topics
(Clin Res, Cul Div-Death-Dev/Int-Refugee, Lifespan, M, Global)

Rosner, Rita, PhD(c)
Catholic University Eichstaett-Ingolstadt, Eichstaett, Germany

Prolonged, complicated or traumatic grief has emerged as a well-defined mental disorder, distinct from major depression, posttraumatic stress disorder or other stress-related disorders. Prolonged Grief Disorder (PGD) is currently included in ICD-11. Core symptoms are intense yearning and preoccupation with the deceased; reactive distress symptoms; avoidance of reminders, emotional numbing; and social/identity disruption. Yet, developmental aspects of bereavement are less well studied compared to bereavement in adults. Furthermore, research concerning specific vulnerable groups is still in its beginning.

This symposium combines research on the vulnerable group of refugees who report multiple losses (Comtesse & Rosner), with three treatment studies. Lucid et al. study the efficacy of a group-based Trauma-Focused Cognitive Behavioral Therapy for Orphans in Tanzania and Kenya. They highlight the effect of contextual factors and current living conditions in accordance with Comtesse’s study on refugees, where uncertain residence status was related to PGD severity. Wagner and Maß investigate an internet-based intervention in a randomized, waitlist-controlled trial (RCT) for bereaved siblings and integrate developmental factors with current treatment, while the last RCT (Rosner et al.) compares outcomes of therapists novice to two PGD-treatments and trial feasibility.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon A/B

Prolonged Grief Disorder: New Emerging Topics

Task-Sharing Group-Based Trauma-Focused Cognitive Behavioral Therapy for Orphans in Tanzania and Kenya
(Clin Res, Commun-Death-Global-Grief, Child/Adol, M, E & S Africa)

Lucid, Leah, MS, PhD Student1, Whetten, Kathryn, PhD2, Martin, Prerna, MPH, PhD student1; King, Kevin, PhD1; Wasonga, Augustine, MA3; Iteamba, Dafrosa, MS4; Dorsey, Shannon, PhD1
1University of Washington, Seattle, Washington, USA
2Duke University, Durham, North Carolina, USA
3ACE Africa, Bungoma, Bungoma, Kenya
4Tanzania Women Research Foundation, Moshi, Tanzania

Most of the world’s 140 million orphaned children live in low- and middle-income countries (LMIC). Orphaned children in LMIC are at risk of posttraumatic stress (PTS) and exposure to additional traumatic events. TF-CBT has a substantial evidence base for child trauma exposure and traumatic grief in high-income countries, with growing evidence in LMIC. However, trials have been small or employed individual treatment, with intensive expert oversight. Testing group-based treatment and lower-intensity supervision offers avenues for scale-up to treat more
children with need. In the present study, 640 orphaned youth in Kenya and Tanzania with PTS and/or grief due to parental death—and one guardian—were randomized to receive group TF-CBT for traumatic grief or usual care. Clinical outcomes were assessed pre- and post-treatment by child and guardian report. Analyses supported a country by setting by condition interaction. Effect sizes were largest in rural Kenya (child-reported PTS; Cohen’s $d=1.52$), followed by urban Kenya ($d=.55$) and urban Tanzania ($d=.39$). In rural Tanzania, there was no treatment effect; all youth improved substantially. Contextual factors such as food scarcity, participant health, and cultural views of orphans will be discussed. Findings have implications for context (urban/rural) and provide some evidence for remote supervision and reduced expert involvement.

**Symposium**
**Saturday, November 16**
**11:15 AM to 12:30 PM**
**Salon A/B**

**Prolonged Grief Disorder: New Emerging Topics**

**Cognitive-Behavioral Intervention for Bereaved Siblings: A Randomized Controlled Trial**
*(Clin Res, Clin Res-Death-Grief, Adult, M, Industrialized)*

**Wagner, Birgit, PhD**
*MSB Medical School, Berlin, Germany*

Background: Siblings who have lost a brother or sister experience psychosocial distress after bereavement, but often receive less attention and social support after their loss. Numerous studies indicate that the death of a sibling can result in long-term psychological impairment for those affected. Objectives: The objective of this study was to examine the effectiveness of an internet-based intervention aimed at bereaved siblings comparing the treatment group with a waiting-list control-group. Methods: The 6-module Internet-based writing intervention for bereaved siblings was based on CBT and a systematic approach to promote the relationship and communication within the family. Outcomes were symptoms of prolonged grief disorder (PGD), depression, PTSD and posttraumatic cognitions. The participants were randomized to the treatment group ($n=47$) and the control group ($n=39$). Results: The results showed a significant reduction in symptoms of PGD, depression and PTSD at posttreatment. Further a significant difference between treatment and waiting-list group could be found for PGD ($g=.75$); PTSD ($g=.85$) and depression ($g=.95$). Conclusion: The results suggest that an internet-based treatment for bereaved siblings can help to reduce symptoms related to the loss. This low-threshold approach might reduce barriers to bereavement care.
Prolonged Grief Disorder and the Feasibility of the Treatments for Novice Therapists
(Clin Res, Death-Train/Ed/Dis-Grief, Adult, M, Industrialized)

Rosner, Rita, PhD(c); Vogel, Anna, Dipl Psych; Kersting, Anette, PhD; Rimane, Eline, DPsych; Rief, Winfried, Prof Dr; Steil, Regina, PhD; Comtesse, Hannah, PhD, MSc
1Catholic University Eichstaett-Ingolstadt, Eichstaett, Germany
2Catholic University Eichstaett-Ingolstadt, Hochschulambulan, Ingolstadt, Germany
3University of Leipzig, Leipzig, Saxony, Germany
4Catholic University Eichstaett-Ingolstadt, Ingolstadt, Germany
5University Marburg, Marburg, Germany
6Goethe-University, Goethe University Frankfurt, Frankfurt, Germany

Prolonged grief disorder (PGD) is a persistent and disabling grief reaction following the death of a significant other, which is included in ICD-11. Cognitive behavioural treatment (CBT) has been shown to be effective in targeting prolonged grief symptoms and was superior to waitlist. In the next step we will compare CBT against with an active control condition, Present Centered Therapy (PCT). We investigated the treatment outcomes of the first training cases of 30 therapists, novice to the respective treatments in adult patients with PGD. The Interview for Prolonged Grief Disorder-13 (PG-13) was used as a primary outcome and the self-report measure Inventory of Complicated Grief (ICG) as a secondary outcome. Thirty patients were randomly assigned to the two treatment conditions at four treatment centers. Patients in CBT improved significantly from pre-to post treatment in PG-13 (t(15) = 3.23, p = .006; Cohen’s d = 0.75) and in PCT (t(15) = 4.03, p = .001; d = 0.93) as well as in the secondary outcomes ICG for (CBT: t(14) = 3.25, p = .006; d = 0.77) (PCT: t(13) = 3.04, p = .010; d = 0.74). Results showed that both treatments can be used safely and implemented effectively by novice therapists.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon A/B

Prolonged Grief Disorder: New Emerging Topics

Prolonged Grief among Asylum Seekers: The Influence of Losses and Residence Status
(Clin Res, Cul Div-Death-Refugee-Grief, Adult, M, Industrialized)

Comtesse, Hannah, PhD, MSc; Rosner, Rita, PhD(c)
1Catholic University Eichstaett-Ingolstadt, Ingolstadt, Germany
2Catholic University Eichstaett-Ingolstadt, Eichstaett, Germany

Multiple loss of loved persons under traumatic circumstances is highly prevalent among refugees. However, little is known about the psychopathological consequences of bereavement in particular. We investigated the rate of and risk factors for prolonged grief disorder (PGD) in the current refugee population in Europe. We conducted semi-structured interviews with a sample of asylum seekers living in Germany (N = 99), predominately from Syria and Iraq (mean age: 31 years, 26% women, mean time since arrival: 16 months). Participants reported on average 5.7 losses of significant others (i.e., family members and friends; mean time since index loss: 4 years). 20% of participants met the criteria for PGD, 45% for posttraumatic stress disorder (PTSD), and 42% for depression. More losses of nuclear family members (b = .23, p = .032) and PTSD symptoms (b = .36, p = .001) predicted higher PGD symptom levels. Temporary residence status was associated with less severe PGD than waiting for a visa decision (b
Comorbid PTSD and substance use is often related to greater PTSD and substance use symptom severity, lower treatment adherence, and worse treatment outcomes compared to individuals with PTSD or substance use diagnosis alone. Additionally, individuals with comorbid PTSD and a substance use diagnosis are often conceptualized as being more difficult to treat in comparison to PTSD or substance alone. The primary aim of this symposium is to present data focused on treatment outcomes for co-occurring PTSD and substance use. Researchers from multiple institutions will present data from several completed randomized clinical trials (RCT). First, Dr. Kaysen will present longitudinal data evaluating changes in PTSD and alcohol use among individuals who completed either Cognitive Processing Therapy or Relapse Prevention. Next, Dr. Vujanovic will describe findings from a pilot RCT evaluating the efficacy of an integrated cognitive behavioral treatment (CBT) for comorbid PTSD and substance use in comparison to standard CBT for substance use. Third, Dr. Straus will present findings evaluating the relationship between attendance patterns and PTSD symptom change in a sample of individuals who engaged in Concurrent treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE) or Seeking Safety. Finally, Dr. McCluskey will discuss preliminary outcomes of TAPS: A novel behavioral approach to treating PTSD and substance use disorder by directly addressing comorbid avoidance. Dr. Straud will chair the symposium and summarize symposium findings.
Prior research has not adequately addressed to what extent treatment of PTSD or Alcohol Use Disorders (AUD) may change comorbid symptoms. This study evaluated longitudinal changes in PTSD and alcohol use associated with Cognitive Processing Therapy (CPT) or Relapse Prevention (RP). PTSD/AUD participants recruited from VA and the community were randomized to CPT (n=41), RP (n=38), or assessment only (AO, n=22). Individuals receiving AO were then re-randomized to CPT (total n=53) or RP (total n=47). Compared to AO, individuals who received CPT had statistically significant improvements in PTSD whereas individuals who received RP did not. Following re-randomization participant responses to CPT and RP were compared at six time points (pre-, post-, 3-, 6-, 9-, and 12-month post-treatment follow-up). Participants in both conditions showed substantial improvements in PTSD symptoms and alcohol use between pre-intervention and all post-intervention time points and no significant differences were found between them. Based on our findings, both trauma-focused and alcohol-focused interventions have utility in treatment of PTSD/AUD. Each intervention may have a role depending on the specific needs of the client. The challenges of conducting CPT and RP to address PTSD/AUD will be discussed, as well as some of the lessons learned over the course of the clinical trial.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon C/D

Treatment of Posttraumatic Stress Disorder and Comorbid Substance Use

A Novel, Integrated Cognitive-Behavioral Therapy for Co-Occurring Posttraumatic Stress and Substance Use Disorders: A Pilot Randomized Clinical Trial

Vujanovic, Anka, PhD1; Green, Charles, PhD2; Rappaport, Lance, PhD3; Smith, Lia, MA1; Berenz, Erin, PhD4; Suchting, Robert, PhD2; Lane, Scott, PhD2; Schmitz, Joy, PhD2
1University of Houston, Houston, Texas, USA
2University of Texas Health Science Center at Houston, Houston, Texas, USA
3University of Windsor, Windsor, Ontario, Canada
4University of Illinois Chicago, Chicago, Illinois, USA

Posttraumatic stress disorder (PTSD)/substance use disorders (SUD) comorbidity is prevalent, complex, and difficult-to-treat. This pilot randomized clinical trial evaluated the feasibility and preliminary efficacy of a novel, integrated cognitive-behavioral treatment for PTSD/SUD, Treatment of Integrated Posttraumatic Stress and Substance Use (TIPSS), as compared to standard cognitive-behavioral treatment (CBT) for SUD.TIPSS integrates cognitive processing therapy for PTSD with CBT for SUD for co-occurring PTSD/SUD treatment. Both conditions were comprised of 12, 60-minute individual psychotherapy sessions, delivered twice-weekly over six weeks. Participants included 41 (randomized) adults, who met criteria for DSM-IV substance dependence and at least four symptoms of DSM-5 PTSD (Mage=44.9,SD=9.7;46.3% male; 73.2% African American).The conditions did not differ in PTSD diagnostic status at post-treatment. Both the TIPSS [t(11)=-3.46,p=0.005] and CBT-SUD conditions [t(18)=-3.86,p=0.001] evidenced significant reductions in pre- to post-treatment PTSD symptoms; TIPSS trended toward greater reductions in PTSD symptoms. With regard to substance use, greater number of treatment sessions (t=-3.89,p < .01) was associated with lower percentage of substance use days during treatment across both conditions. Clinical implications, study limitations, and future directions will be discussed.
Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon C/D

Treatment of Posttraumatic Stress Disorder and Comorbid Substance Use

The Relationship between Attendance Patterns and PTSD Outcomes in Integrated Exposure Therapy for Co-Occurring PTSD and Alcohol Use Disorder
(Clin Res, Clin Res-Sub/Abuse, Adult, A, Industrialized)

Straus, Elizabeth, PhD1; Worley, Matthew, 1; Tripp, Jessica, PhD1; Davis, Brittany, PhD2; Haller, Moira, PhD1; Norman, Sonya, PhD3
1VA San Diego Healthcare System / UCSD, San Diego, California, USA
2James A. Haley VA Hospital, Tampa, Florida, USA
3National Center for PTSD, UC San Diego, San Diego, California, USA

Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) commonly co-occur. Exposure therapies more effectively reduce PTSD symptoms than non-trauma focused coping skills therapies for comorbid PTSD/AUD yet drop out tends to be higher in exposure therapies. We aimed to examine the relationship between attendance and PTSD symptom change in a RCT comparing Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE; n=58), to a coping skills therapy for PTSD/SUD, Seeking Safety (SS; n=52). Latent class growth analyses revealed a 3-class solution based on total sessions attended and duration of treatment: the Early Drop class (n=16; less than 6 sessions in 1-4 weeks), Fast/Moderate class (n=40; 10 or fewer sessions in 5-17 weeks) and the prolonged/Complete class (n=54; 12 or more sessions in 11-23 weeks). While COPE and SS showed similar reductions in PTSD symptoms within the first two classes, COPE showed significantly greater reduction in PTSD symptoms compared to SS within the Prolonged/Complete class. The greater PTSD symptom reduction seen in COPE was driven by COPE participants who completed a full or near full course of treatment. This study highlights the importance of completing exposure therapy to maximize benefit.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon C/D

Treatment of Posttraumatic Stress Disorder and Comorbid Substance Use

Treating Avoidance in PTSD and Substance-use (TAPS): A Novel Behavioral Approach to Treating PTSD and Substance Use Disorder by Directly Addressing Comorbid Avoidance.
(Clin Res, Clinical Practice-Complex-Sub/Abuse-Train/Ed/Dis, Adult, A, N/A)

McCluskey, D. Lee, PhD1; Roache, John, PhD2; Riggins, Reginald, PhD3; Mata-Galan, Emma, PsyD1; Peterson, Alan, PhD2; McDevitt-Murphy, Meghan, PhD4
1South Texas Veterans Healthcare System, San Antonio, Texas, USA
2University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

255 Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guides to Keyword Abbreviations located on pages 1-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Abstract PTSD–SUD is a complex problem. Symptom comorbidity complicates treatment and lowers prognostic outcomes for both disorders. TAPS addresses comorbid avoidance directly as it occurs topographically in PTSD-SUD. Central to TAPS is the idea that symptoms of both PTSD and SUD are at least partially maintained by the avoidance of uncomfortable stimuli (e.g., cravings, certain thoughts, difficult emotions). TAPS centers helping the individual to identify the role of avoidance in their own experience of PTSD-SUD, as well as assisting and motivating the individual to engage in patient-centered, values-oriented, exposure-based approach behaviors. The results of a small case series conducted in a residential, then outpatient-aftercare, program for veterans with PTSD-SUD are presented. Data were gathered using empirically validated measures of PTSD, substance use, avoidance, and urine drug screens. Large improvements were noted on all outcome measures, and all patients showed PTSD symptoms decline to below (PCL-5) clinical levels before completion. Preliminary outcomes, manual development, and implementation concerns related to an ongoing, VA-funded, randomized pilot trial examining TAPS as an adjunct to usual VA residential/aftercare SUD treatment, when compared to usual treatment alone, are discussed. Plans for future research is addressed.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon H/I

Genomic and Epigenetic Mechanisms Contributing to Risk and Resilience to Traumatic Stress
(Bio Med, Chronic-Depr-Mil/Vets-Genetic, Adult, A, Industrialized)

Harrington, Kelly, PhD; Stein, Murray, MD, MPH, FRCPC
1VA Boston Healthcare System & Boston University School of Medicine, VA Boston Healthcare System, Boston, Massachusetts, USA
2University of California, San Diego, La Jolla, California, USA

Posttraumatic stress disorder (PTSD) is a common consequence of exposure to extreme, life threatening stress. However, its pathophysiology is complex and remains relatively poorly understood. This symposium will present results from four major studies examining genetic and epigenetic markers of PTSD and related comorbid conditions in samples of US military veterans and participants in the UK Biobank. In the first presentation, Dr. Murray Stein will present results from genomewide association analyses (including both case-control and quantitative trait analyses) of PTSD conducted using data from participants in the VA Million Veteran Program. Next, Dr. Mark Logue will present findings from a blood-based epigenome-wide association study of PTSD in US veterans. Third, Dr. Erika Wolf will present findings from a study that evaluated the gene klotho (KL) as a moderator of the association between multiple forms of traumatic stress and multiple markers of accelerated cellular aging in a veteran sample. Finally, Dr. Karmel Choi will present results from her polygenic risk study that identified potential modifiable factors (e.g., social, behavioral, environmental) that contribute to resilience to depression among UK Biobank participants at high risk of depression as a result of having been exposed to childhood trauma. New findings include genetic and epigenomic mechanisms relevant to PTSD and depression and provide insight into new directions for developing treatments.
Genomic and Epigenetic Mechanisms Contributing to Risk and Resilience to Traumatic Stress

Genomic Characterization and Dissection of Posttraumatic Stress Disorder in a Large Multi-Population US Military Veteran Sample
(Bio Med, Mil/Vets-Genetic-Bio/Gen, Adult, A, Industrialized)

Stein, Murray, MD, MPH, FRCPC1; Harrington, Kelly, PhD2; Concato, John, MD MPH3; Gelernter, Joel, MD4
1University of California, San Diego, La Jolla, California, USA
2VA Boston Healthcare System & Boston University School of Medicine, VA Boston Healthcare System, Boston, Massachusetts, USA
3Clinical Epidemiology Research Center, VA Cooperative Studies Program, VA Connecticut, West Haven, Connecticut, USA
4Yale University School of Medicine; VA Connecticut Healthcare System, West Haven, Connecticut, USA

Individuals vary in their liability to develop PTSD following exposure to life-threatening trauma. Understanding the genetic, and thus biological, factors that contribute to PTSD susceptibility is critical for refining diagnosis and developing new treatments. Using data from more than 250,000 participants in the Million Veteran Program, genomewide association analyses were conducted using a validated electronic health record algorithmically defined PTSD diagnosis phenotype (48,221 cases and 217,223 controls) and PTSD quantitative symptom phenotypes (212,007 individuals). We identified several genome-wide significant loci in the case-control analyses, and numerous such loci in the quantitative trait analyses, including some (e.g., MAD1L1; TCF4; CRHR1) associated with multiple symptom sub-domain and total symptom score, and others that were more specific to certain symptom sub-domains (e.g., CAMKV to re-experiencing; TSNARE1 to avoidance; and PHF2 to hyperarousal). Genetic correlations between all pairs of symptom sub-domains were very high (rg ~ 0.93). We also demonstrate strong pleiotropy with a range of traits, and present replication results. These results point to the utility of genetics to inform the biological coherence of the PTSD syndrome despite considerable heterogeneity at the symptom level, and to provide new directions for treatment development.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon H/I

Genomic and Epigenetic Mechanisms Contributing to Risk and Resilience to Traumatic Stress

Spinning the Thread of Time: Klotho, Traumatic Stress, and Accelerated Aging
(Bio Med, Illness-Aging-Genetic-Neuro, Adult, A, Industrialized)
Wolf, Erika, PhD; Morrison, Filomene, PhD; Sullivan, Danielle, PhD; Logue, Mark, PhD; Guetta, Rachel, BA; Stone, Annjanette, BS; Schichman, Steven, MD, PhD; McGlinchey, Regina, PhD; Milberg, William, PhD; Miller, Mark, PhD

1 National Center for PTSD at VA Boston Healthcare System & BUSM, Boston, Massachusetts, USA
2 Boston University School of Public Health, Boston, Massachusetts, USA
3 VA Boston Healthcare System, Boston, Massachusetts, USA
4 VA Medical Center, Little Rock, Arkansas, USA
5 Central Arkansas Veterans Healthcare System, Pathology and Laboratory Medicine Service, Little Rock, Arkansas, USA
6 Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts, USA

The gene klotho (KL) is named for the Greek goddess who spins the thread of time; it is associated with longevity and age-related phenotypes in pre-clinical and clinical studies. We evaluated KL as a moderator of the association between multiple forms of traumatic stress and multiple markers of accelerated cellular aging (epigenetic age, telomere length, metabolic and inflammatory pathology, neural integrity) among 309 white, non-Hispanic veterans (91% male). After correction for multiple testing, we found that the variant rs9315202 interacted with PTSD severity and sleep disturbance (and nominally with pain) to predict advanced epigenetic age (all corrected p < .05). The same variant interacted with PTSD severity to predict inflammation and neural integrity in two white matter tracts (all corrected p < .05) and evidenced a main effect with metabolic pathology (p = .015). Most effects were accentuated in the relatively older subjects in the sample. The consistency of results across stressors and markers of cellular aging suggests that KL may contribute to the coordination of accelerated aging across the periphery and central nervous system, potentiating a systemic pathological aging response to traumatic stress. Elucidating such effects is critical for discovery of molecular targets to moderate the pace of cellular aging.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon H/I

Genomic and Epigenetic Mechanisms Contributing to Risk and Resilience to Traumatic Stress

An Epigenome-Wide Association Study of Posttraumatic Stress Disorder in US Veterans Implicates Several New DNA Methylation Loci

(List Med, Genetic, Adult, A, Industrialized)

Logue, Mark, PhD; Miller, Mark, PhD; Wolf, Erika, PhD; Huber, Bertrand, MD, PhD; Morrison, Filomene, PhD; Zhou, Zhenwei, MS; Smith, Alicia, PhD; Daskalakis, Nikolaos, PhD, MD; Stone, Annjanette, BS; Schichman, Steven, MD, PhD; McGlinchey, Regina, PhD; Milberg, William, PhD; Hayes, Jasmeet, PhD; Verfaellie, Mieke, PhD

1 VA Boston Healthcare System & BUSM, Boston, Massachusetts, USA
2 National Center for PTSD at VA Boston Healthcare System & BUSM, Boston, Massachusetts, USA
3 National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
4 Boston University School of Public Health, Boston, Massachusetts, USA
5 Emory University School of Medicine, Atlanta, Georgia, USA
6 McLean Hospital, Harvard Medical School, Massachusetts, USA
7 VA Medical Center, Little Rock, Arkansas, USA
8 Central Arkansas Veterans Healthcare System, Pathology and Laboratory Medicine Service, Little Rock, Arkansas, USA
9 Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts, USA
We present an epigenome-wide association study (EWAS) of PTSD in a US veteran cohort (378 lifetime PTSD cases/135 controls) assayed with the Illumina EPIC BeadChip. To control for the epigenetic impact of smoking, our analysis included a methylation based smoking score as a covariate. Our EWAS yielded one genome-wide significant association: cg19534438 in GOS2 (p=1.19x10^{-7}, FDR=0.048). Examining previously-reported loci yielded evidence of replication of the smoking-associated site cg05575921 in AHR which has recently been implicated in PTSD in veterans (https://connect.biorxiv.org/qr/585109). This locus was a top 10 locus in our PTSD EWAS (p=9.16x10^{-4}) despite the inclusion of the smoking score, and it remained associated when both the score and self-reported smoking were included as covariates (p=0.00059). We then looked for replication/extension in EPIC-assayed pre-frontal cortex tissue from the PTSD brain-bank (42 cases and 30 controls). Only one of the top EWAS loci was associated with PTSD in brain tissue: CHST11 site cg04130728 (in blood, p=1.19x10^{-5}; in brain p=0.00032). In conclusion, our study implicates several new methylation loci including GOS2, a lipid metabolism gene, and CHST11, a gene involved in a component of the brain’s extracellular matrix, and adds to the literature relating to AHR site cg05575921 and its possible association with PTSD.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Salon H/I

Genomic and Epigenetic Mechanisms Contributing to Risk and Resilience to Traumatic Stress

Searching for Modifiable Factors Associated with Resilience to Depression in the Context of Genetic Risk and Childhood Trauma
(Prevent, CPA-Depr-Genetic-Epidem, Adult, A, Industrialized)

Choi, Karmel, PhD; Nishimi, Kristen, MPH; Stein, Murray, MD, MPH, FRCPC; Ge, Tian, PhD; Koenen, Karestan, PhD; Smoller, Jordan, MD

1Massachusetts General Hospital, Boston, Massachusetts, USA
2Harvard School of Public Health, Boston, Massachusetts, USA
3University of California, San Diego, La Jolla, California, USA
4Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA

Childhood trauma and genetics are two of the most robust risk factors for depression. Given that depression is the leading cause of disability worldwide, actionable protective factors are of great interest. To identify such factors, we examined data from 119,778 adult participants in the UK Biobank. Data were available for over 30 modifiable factors in participants’ lives, including behavioral (e.g., physical activity, sleep, media use, diet), social (e.g., social activities, support), and environmental (e.g., greenspace, urbanicity) variables. Participants also reported separately on childhood trauma experiences and current mental health, including depression. Fifteen percent of the sample endorsed substantial childhood trauma, and 5% met criteria for clinically significant depression. Polygenic risk scores were generated based on the largest available genome-wide association results for depression. We identified individuals at high predicted probability (> 90th percentile, N=11,977) for depression based on their polygenic risk and childhood trauma history. Using LASSO-based logistic regression, we then selected the set of modifiable factors that could best explain resilience to depression in these high-risk individuals. Large-scale genetically informed studies can help to prioritize trauma-related protective factors and identify promising candidates for follow-up studies.
Understanding “Spirituality” and Spiritual Care Provision in the Context of Moral Injury
(Practice, Mil/Vets-Moral, Adult, M, Industrialized)

Nieuwsma, Jason, PhD
Durham VAMC, Mid-Atlantic MIRECC, Duke Durham, North Carolina, USA

Prominent definitions of moral injury have explicitly noted its characteristic “spiritual” impact (Litz et al., 2009), yet operational, empirical, and clinical understandings of these spiritual elements can be elusive. Nonetheless, research indicates meaningful connections between religion/spirituality and war experiences. Veterans with posttraumatic stress disorder have been found to endorse lower rates of spirituality across a range of dimensions compared to the general population (Currier, Drescher, & Harris, 2014), and they frequently turn to the Veterans Affairs (VA) healthcare system as a result of struggles with their religious faith (Fontana & Rosenheck, 2004). Further, as moral injury has become more widely recognized, it has received substantial attention from various spiritual care professionals, including theologians (e.g., Brock & Lettini, 2012; Kinghorn, 2012; Meador et al., 2016). Given the prominence of spirituality as part of moral injury and other potential reactions to trauma, it is important for all of those involved in the care of persons with moral injury to better understand how spirituality is being experienced by care recipients as well as conceptualized by spiritual care providers.

This symposium will feature four presentations that aim to further clarify issues of spirituality in the context of moral injury. The following questions will be addressed: Do experiences of spiritual struggle vary among veterans with moral injury? How do chaplains who provide spiritual care to veterans and service members conceive of spirituality in relation to mental health? What spiritual care for moral injury is being provided by chaplains across the VA healthcare system? What can it look like for mental health providers and chaplains to provide integrated psychological-spiritual care for moral injury? Answering these questions will help mental health professionals, spiritual care providers, and others function more effectively as part of integrated care teams addressing the needs of veterans and other persons who may be suffering from moral injury or spiritual struggle as a result of trauma. Directions for future research and clinical work in this area will be discussed.
War-related traumas can lead to emotional, relational, and spiritual suffering. Focusing on war zone veterans from diverse eras (Study 1, N = 616, Study 2, N = 300), this study examined patterns of constellations between moral injury (MI) outcomes and common ways in which veterans struggle with religion/spirituality (divine, morality, meaning, interpersonal, doubt). Results from latent profile analyses revealed three distinct classes, based on psychometrically validated instruments, across the samples: (a) no MI-related outcomes or spiritual struggles (nondistressed group; Study 1 = 72.7%, Study 2 = 75%); (b) MI-related outcomes and equivalent or lower degrees of spiritual struggles relative to MI-related outcomes (psychological MI group; Study 1 = 19%, Study 2 = 17%); and (c) MI-related outcomes and salient struggles with spirituality, both within their own profiles and compared to other groups (spiritual MI group; 8%). When we comparing severity of spiritual struggles within MI groups, turmoil with God or a higher power emerged as a defining feature of the spiritual MI group in both samples. In addition, secondary analyses revealed membership in this third group was linked with importance of spirituality before military service, $\chi^2 = 4.468–8.273$. Overall, findings highlight the utility of differentiating between psychological and spiritual subtypes of MI in future work.

**Symposium**
**Saturday, November 16**
**11:15 AM to 12:30 PM**
**Arlington**

**Understanding “Spirituality” and Spiritual Care Provision in the Context of Moral Injury**

**Envisaging Spirituality: Chaplain Understandings of Spiritual Care and Intersections with Mental Health**
(Practice, Mil/Vets-Moral, Adult, M, Industrialized)

**Nieuwsma, Jason, PhD**; Smigelsky, Melissa, PhD; Jardin, Charles, MA PhD Student; Wortmann, Jennifer, PhD; Meador, Keith, MD MPH

1Durham VAMC, Mid-Atlantic MIRECC, Duke Durham, North Carolina, USA
2Mental Health and Chaplaincy, VHA, Durham, North Carolina, USA
3University of Houston, Houston, Texas, USA
4Durham VA Medical Center/VISN 6 MIRECC, Durham, North Carolina, USA
5VISN 6 MIRECC and Vanderbilt University, Durham, North Carolina, USA

Chaplains have a long provided psychosocial-spiritual care to veterans and service members, who in turn can have various motivations for seeking care from chaplains (e.g., shared worldview, confidentiality, trust). The care chaplains provide in both the Departments of Defense (DoD) and Veterans Affairs (VA) addresses the wide range of emotional, psychological, and spiritual concerns that they see (Nieuwsma et al., 2013). In this study, we used a sample of 1,539 chaplains (n = 323 VA; n = 1,216 DoD) to examine how they conceptualize the care they provide, particularly the extent to which they see different components as addressing spiritual or mental health concerns. Results from a 60-item Spirituality and Mental Health Questionnaire included in the survey indicate that while chaplains differentiated some items as discipline-specific to either mental health (e.g., 40% viewed “psychological autonomy” as primarily a mental health component) or pastoral care (e.g., 80% viewed “practice of religious ritual” as primarily spiritual), considerable overlap between domains was perceived (e.g., >75% viewed items like “engaging in behaviors that are in line with values,” “authenticity,” “ability to harness thoughts/emotions,” and “trust of others” as roughly equal components of mental health and spirituality). Implications for culturally-sensitive multidisciplinary care will be discussed.
Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Arlington

Understanding “Spirituality” and Spiritual Care Provision in the Context of Moral Injury

Collaborative Spiritual Care for Moral Injury in the Veterans Administration (VA): Results from a Survey of VA Chaplains
(Clin Res, Mil/Vets-Moral, Other, M, Industrialized)

Wortmann, Jennifer, PhD\textsuperscript{1}; Nieuwsma, Jason, PhD\textsuperscript{2}; Smigelsky, Melissa, PhD\textsuperscript{3}; Meador, Keith, MD MPH\textsuperscript{4}
\textsuperscript{1}Durham VA Medical Center/ VISN 6 MIRECC, Durham, North Carolina, USA
\textsuperscript{2}Durham VAMC, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina, USA
\textsuperscript{3}Mental Health and Chaplaincy, VHA, Durham, North Carolina, USA
\textsuperscript{4}VISN 6 MIRECC and Vanderbilt University, Durham, North Carolina, USA

Moral injury (Litz et al., 2009; Shay, 1991) intersects with spirituality (e.g., Wortmann et al., 2017), inviting consideration of how chaplains contribute to the care of veterans. 367 clinical chaplains in the VA Healthcare System completed an anonymous online survey (45% response rate). Nearly all (88%-93%) respondents reported encountering moral injury during spiritual assessment or when providing chaplaincy care and agree that chaplains and mental health (MH) professionals should collaborate in providing care for moral injury. Chaplains reported the most frequent presentations of moral injury they encounter (having done or witnessed something wrong with accompanying shame and guilt) and what is most essential to caring for moral injury (forgiving self, developing self-compassion). 72% collaborate with MH at least “sometimes.” 36% offer or plan to offer a moral injury-focused group, and 16% co-lead or plan to co-lead moral injury groups with MH colleagues. Chaplains trained in evidence-based approaches to mental health care were more likely to believe in the importance of and to engage in collaboration with mental health providers around moral injury. Results indicate that chaplain approaches to caring for moral injury are compatible with and complementary to MH approaches, and collaborative care models for moral injury are gaining traction in VA.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Arlington

Understanding “Spirituality” and Spiritual Care Provision in the Context of Moral Injury

Companioning Veterans with “REAL”: An Interdisciplinary Group Therapy for Veterans with Moral Injury
(Clin Res, Clinical Practice-Grief-Mil/Vets-Moral, Adult, M, Industrialized)

Check, Carter, MD\textsuperscript{1}; Smigelsky, Melissa, PhD\textsuperscript{2}; Malott, Jesse, PsyD\textsuperscript{3}

(P r i m a r y k e y w o r d, S e c o n d a r y k e y w o r d s, P o p u l a t i o n t y p e, P r e s e n t a t i o n l e v e l, R e g i o n)
This presentation will discuss the distinctiveness of chaplaincy and the benefits of chaplaincy-mental health integration within the Veterans Health Administration in caring for veterans with emotional and spiritual needs, specifically moral injury. We will begin by describing the “companioning” approach to care (Wolfelt, 2005), which is complementary to, yet distinct from, traditional mental health approaches. We will then illustrate this approach by describing an innovative group therapy for moral injury, REAL, which is an interdisciplinary effort co-facilitated by mental health and chaplain providers. REAL relies on the expertise and wisdom of diverse disciplines to repair underlying meaning systems that have been disrupted by traumatic experiences. An overview of the group will highlight the central role of spirituality in the formation of meaning systems, as well as religious elements (e.g., lament, confession, ritual) that inform the core processes of the group. Preliminary outcome data will be presented. We will conclude by discussing how a broad conceptualization of spirituality, including structured or unstructured connection to a deity and/or a non-theistic search for meaning and purpose (Webb, Toussaint, & Dula, 2018), can be inclusive of all veterans, regardless of religious affiliation or lack thereof, and aids in recovery from moral injury.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Dartmouth/Exeter

The Longitudinal Course of Post-Trauma Outcomes in Children, Adolescents, and Young Adults: Resilient Responding and Buffering Effects of Resilience and Social Support
(Assess Dx, Death-Dev/Int-Nat/Dis-Sub/Abuse, Child/Adol, M, Industrialized)

Sheerin, Christina, PhD
Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia, USA

The examination of the range of outcomes (e.g., posttraumatic stress disorder [PTSD], alcohol misuse), and factors impacting such outcomes, following trauma and loss is crucial during the impactful developmental periods of childhood through young adulthood. Longitudinal studies following trauma and loss are particularly important for understanding the course of a wide range of responding, from resilience to mental health and substance use outcomes. Documented protective factors include resilience and social support. Longitudinal data allows us to better determine trajectories of resilience and symptom improvement as well as whether protective factors (e.g., resilience, social support) can indeed “buffer” against the effects of trauma and other risk factors.

This symposium brings together four researchers who will present findings from unique, longitudinal datasets of trauma- or bereavement-exposed samples of children, adolescents, and young adults. Outcomes include various measures of resilience, PTSD symptoms, and alcohol misuse, and the protective effects of resilience and social support will be examined. Dr. Denckla will present findings of trajectories of emotional distress following loss in children, including low, stable symptoms of emotional distress (reflecting resilience). Next, Dr. Sheerin and Mr. Hicks will each present findings of a protective effect of recreational support on PTSD symptoms and a moderating effect of caregiver support on binge drinking in a sample of natural-disaster exposed adolescents. Finally, Ms. Cusack will present on findings of resilience as a mediator between new-onset trauma and PTSD symptoms in a college sample. Beyond better understanding of the longitudinal course of symptom presentations following trauma and loss during...
important developmental periods, identifying patterns of responding and risk and protective factors on these outcomes may lead to improved treatment and prevention strategies through more precise targeting of at-risk groups or focused interventions on important protective factors.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Dartmouth/Exeter

The Longitudinal Course of Post-Trauma Outcomes in Children, Adolescents, and Young Adults: Resilient Responding and Buffering Effects of Resilience and Social Support

Genetic and Environmental Predictors of the Longitudinal Course of Adolescent PTSD Symptoms Following a Natural Disaster
(Assess Dx, Nat/Dis-Bio/Gen, Child/Adol, M, Industrialized)

Sheerin, Christina, PhD1; Kovalchick, Laurel, BS2; Overstreet, Cassie, Doctoral Student3; Rappaport, Lance, PhD4; Williamson, Vernell, PhD5; Vladimirov, Vladimir, PhD2; Ruggiero, Kenneth, PhD2; Amstadter, Ananda, PhD3

1Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia, USA
2Virginia Commonwealth University, Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia, USA
3Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA
4University of Windsor, Windsor, Ontario, Canada.; Virginia Commonwealth University, Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia, USA
5Medical University of South Carolina, Charleston, South Carolina, USA

Genes, environmental factors, and their interplay impact posttrauma symptoms. Although environmental predictors of the longitudinal course of PTSD symptoms are documented, there remains a need to incorporate genetic risk into these models, especially in youth who are underrepresented in genetic studies. In an epidemiologic sample of tornado-exposed adolescents (n=707, Mage=14.54), trajectories of PTSD symptoms were examined at baseline and at 4-months and 12-months following baseline. This study aimed to determine if rare genetic variation in genes previously found in the sample to be related to PTSD diagnosis at baseline (MPHOSPH9, LGALS13, SLC2A2), environmental factors (disaster severity, social support), or their interplay were associated with symptom trajectories. A series of mixed effects models were conducted. Symptoms decreased across the three time points. Elevated tornado severity was associated with increased symptoms at baseline. Elevated recreational support was associated with decreased baseline symptoms and attenuated improvement over time. Greater LGALS13 variants attenuated improvement over time. An interaction between MPHOSPH9 variants and tornado severity was associated with increased baseline symptoms. Findings suggest the importance of rare genetic variation and environmental factors on the longitudinal course of PTSD symptoms following trauma exposure.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Dartmouth/Exeter

The Longitudinal Course of Post-Trauma Outcomes in Children, Adolescents, and
Young Adults: Resilient Responding and Buffering Effects of Resilience and Social Support

The Moderated Role of Caregiver Support in the Mediated Association between Trauma Exposure Phenotypes and Binge Drinking among Adolescents Exposed to a Natural Disaster: A Longitudinal Study

(Hicks, Terrell, Doctoral Student; Bountress, Kaitlin, PhD; Ruggiero, Kenneth, PhD; Amstadter, Ananda, PhD

1Virginia Commonwealth University, Richmond, Virginia, USA
2Department of Psychiatry, Virginia Institute of Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, Virginia, USA
3Medical University of South Carolina, Charleston, South Carolina, USA
4Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

Objective: To investigate if PTSD symptoms mediate the relations between disaster severity and binge drinking or prior trauma and binge drinking after natural disaster exposure. Additionally, to test if support from caregiver moderates the relation between disaster severity and PTSD symptoms as well as prior trauma and PTSD symptoms.

Method: A population-based clinical trial enrolled 1,804 adolescents and parents from Joplin, MO, and several areas in Alabama affected by tornadoes. Data collection via baseline (i.e., 8 months post-disaster), 4-month, and 12-month follow-up semi-structured telephone interviews was completed between September 2011 and August 2013. Longitudinal moderated mediation analyses, testing whether the indirect effects of disaster severity and prior traumas on binge drinking through PTSD symptoms, as potentially moderated by support from caregiver, were conducted.

Results: PTSD symptoms mediated the effect of prior trauma, but not disaster severity, on binge drinking. Support from caregiver moderated the effect of disaster severity, but not prior trauma, on binge drinking.

Conclusion: Findings suggest that PTSD symptomatology is one mechanism by which prior trauma can impact binge drinking. They also indicate that above average levels of support from caregiver can buffer the effects of disaster severity on the development of PTSD symptomatology.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Dartmouth/ Exeter

The Longitudinal Course of Post-Trauma Outcomes in Children, Adolescents, and Young Adults: Resilient Responding and Buffering Effects of Resilience and Social Support

Discrepancy-Based Resilience as a Mediator of New Onset Trauma and PTSD Symptoms

(Cusack, Shannon, MS; Hawn, Sage, Candidate; Dick, Danielle, PhD; Amstadter, Ananda, PhD

1Virginia Commonwealth University, Richmond, Virginia, USA
2Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA
Posttraumatic stress disorder (PTSD) is an important public health problem; thus, it is imperative to identify protective factors, such as resilience. Although the literature on resilience is growing, few studies have tested, with longitudinal data, resilience as a potential underlying mechanism in the relationship between trauma exposure and PTSD symptoms. Further, the current study uses a novel operationalization of resilience in which resilience is determined by computing the residual between actual and predicted distress based on the total number of traumatic events experienced. The purpose of this study was to test the hypothesis that resilience at baseline (college entry) would mediate the relationship between new onset trauma exposure and later PTSD symptoms (n=1,519, Mage = 18.4, 71% female) using longitudinal data. Resilience was defined as the residual between the students' total score on a broad measure of internalizing symptoms and their predicted score based on their cumulative exposure to traumatic events experienced prior to college. Resilience was shown to partially mediate this relationship (β = -.23, p< .001). The current study helps to provide basis for resilience as a potential modifiable factor to mitigate PTSD symptoms. Implications and future directions will be discussed.

Symposium
Saturday, November 16
11:15 AM to 12:30 PM
Dartmouth/ Exeter

The Longitudinal Course of Post-Trauma Outcomes in Children, Adolescents, and Young Adults: Resilient Responding and Buffering Effects of Resilience and Social Support

A Comparative Analysis of Resilient Phenotypes among Bereaved Youth
(Assess Dx, Death, Child/Adol, M, Industrialized)

Denckla, Christy, PhD; Koenen, Karestan, PhD
Harvard School of Public Health, Boston, Massachusetts, USA

While some bereaved youth are at increased risk for depression, others do not experience adverse mental health effects. Such children have been widely described as “resilient”, yet there is little consensus on its definition. The objective is compare two different approaches to characterizing resilience in the same dataset. Data are drawn from the Avon Longitudinal Study of Parents and Children (ALSPAC), a longitudinal study. The present sample consists of 1,931 children who experienced the death of a family member between the ages of 7 and 8.5. Questionnaires were completed by parents at prospective (3, 6y), concurrent (7y) and post-loss waves (9, 11,13, 15y). Trajectory-based (longitudinal) characterization of resilience suggested that 63.4% of the sample showed resilient, or low symptoms across time, and 5.1% were symptomatically elevated. The residual-based definition (cross-sectional), derived by regressing school functioning on bereavement exposure, suggested that 56.6% of the sample was resilient, while 9% were symptomatic. Both trajectory and residual-based characterizations of resilience demonstrated moderate agreement, with the residual-based approach categorizing slightly fewer children as resilient compared to the trajectory approach. Results suggest that a multi-method approach to the measurement of resilience may provide additional insight into protective factors.
Panel Presentation  
Saturday, November 16  
11:15 AM to 12:30 PM  
Provincetown  

Complex Changes and the ‘Butterfly Effect’ in Trauma Recovery and Resilience: Views through the Lens of Non-Linear Dynamic Systems Theories and Models  
(Res Meth, Assess Dx-Chronic-Train/Ed/Dis-Theory, N/A, M, Global)  

Keane, Carol, PhD, Cpsych\(^1\); Shoji, Kotaro, PhD\(^2\); Benight, Charles, PhD\(^3\); Layne, Christopher, PhD\(^4\); Rozek, David, PhD\(^5\)  
\(^1\)Central Queensland University, North Rockhampton, QLD, Australia  
\(^2\)University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA  
\(^3\)UCCS, Psychology Department, Colorado Springs, Colorado, USA  
\(^4\)UCLA - National Center for Child Traumatic Stress, Los Angeles, California, USA  
\(^5\)University of Utah, Salt Lake City, Utah, USA  

Theories of chaos and complexity, often studied through non-linear dynamic systems approaches, offer a rich conceptual framework for cognizing resilience after trauma and person-environment adaptation process as it unfolds. This panel will discuss critical application aspects of non-linear dynamic systems (NLDS) approaches to discern complex interrelations between resilient adjustment and trauma. Dr Keane will discuss fostering resilience using NLDS with vulnerable populations and trauma care providers. Dr Shoji will discuss different NLDS quantitative methods for evaluating trauma responses. Dr Benight will discuss the theoretical frameworks that utilize NLDS approaches. Dr Layne will discuss distinctions between situation analysis and needs assessment following traumatic events, and implications for theory-building and empirically modeling the structure of relations among factors. Dr Rozek will offer specific insight into the theoretical underpinnings and applied use of Dynamic Systems Theory (DST) to gain insight into changes in posttraumatic symptomology and resiliency factors. The audience will be invited to join the panel in discussing the advantages this novel theoretical and statistical approach carries for advancing the field through theory-building, modeling complex relations among phenomena, and improving intervention, as well as current challenges and pitfalls.

Panel Presentation  
Saturday, November 16  
11:15 AM to 12:30 PM  
Fairfield  

Measuring Professional Quality of Life and Organizational Trauma-Informed Culture among Organizations Participating in a Trauma-Informed Supervision and Evaluation Capacity-Building Initiative  
(Self-Care, Commun-Ethics-Res Meth-Train/Ed/Dis, Prof, I, Industrialized)  

Bills, Lyndra, MD\(^1\); Taylor, RaeAnn, PhD\(^1\); Geiger, Jennifer, MEd\(^2\); Foderaro, Joseph, MSW, LCSW\(^3\); Kauffman, Eda, LCSW\(^3\); Hutchison, Shari, MS\(^1\)
Research supports trauma-informed (TI) care as a framework for serving populations with trauma history, but challenges exist in implementing and scaling this approach across organizations. TI supervision with evaluation capacity-building is a strategy for overcoming these challenges and supporting the translation of evidence to practice. Discussion will include a review of the importance of supervision for staff trained in TI evidence-based practices and will describe a unique model for TI supervision that includes in-person, cross-disciplinary training; on-site observation; video conference-based group supervision; and psychologist-level support. Content includes self-care, vicarious trauma, debriefing, and the applicability of TI supervision across clinical intervention models. Data-driven strategies to support TI care include an individual assessment, the ProQOL (Hudnall Stamm, 2009), and organizational assessment, the ARTIC (Baker et al., 2015). Results from an initiative across a broad provider network show high levels of compassion satisfaction for staff, and low levels of burnout and secondary traumatic stress. On a systems level, confidence in supporting TI care varies by staff role. Ultimately, designation as a TI center of care is encouraged as part of the initiative. Evidence supports TI supervision as a component to improve care for vulnerable populations.

**Workshop Presentation**
**Saturday, November 16**
**11:15 AM to 12:30 PM**
**Salon J/K**

**Theoretical and Practical Considerations in Providing Evidence-Based Treatment for Posttraumatic Stress Disorder to Individuals with Co-Occurring Eating Disorders**
(Clin Res, Assess Dx-Clinical Practice-Illness, Lifespan, M, Industrialized)

Trottier, Kathryn, PhD¹; Wonderlich, Stephen, PhD LP²; Herting, Nicola, PhD LP²; Meyers, Tricia, PhD³

¹University Health Network, Toronto General Hospital, Toronto, Ontario, Canada
²Treatment Collaborative for Traumatized Youth, Sanford Research, Fargo, North Dakota, USA
³Sanford Health System, Fargo, North Dakota, USA

It is well established that there is a significant association between eating disorders (ED) and traumatic events, and that posttraumatic stress disorder (PTSD) and ED commonly co-occur (e.g., Molendijk, Hoek, Brewerton, Elzinga, 2017). ED behaviors (e.g., food restriction, binge eating, purging) have a strong potential to facilitate escape and avoidance of trauma-related cognitions and emotions which can maintain both disorders (Trottier, Wonderlich, Monson, Crosby, & Olmsted, 2016). The likelihood of interaction between symptoms of the two disorders suggests that ED symptoms need to be considered when providing PTSD treatment to individuals with co-occurring PTSD and ED. This workshop will focus on practical implications for assessment and treatment of this comorbidity. Material will include insights gained from emerging research on integrated treatment for ED and PTSD (Trottier, Wonderlich, Monson, Crosby, & Olmsted, 2017; Trottier et al., in preparation). The workshop will: 1) Briefly review theory and research on the relationship between trauma, PTSD, and ED; 2) Address clinical considerations, assessment, and intervention strategies for using evidence-based PTSD treatments with children and adults (namely, Trauma-Focused Cognitive Behavioral Therapy and Cognitive Processing Therapy); 3) Review key findings from recent treatment trials of integrated treatment for ED and PTSD.
Workshop Presentation  
Saturday, November 16  
11:15 AM to 12:30 PM  
Berkeley/Clarendon  

Developing a Trauma-Informed Behavioral Observation Tool for Use in Healthcare Settings  
(Clin Res, Clin Res-Clinical Practice-Health-Care, Other, I, N/A)  

Sundborg, Stephanie, PhD\(^1\); Fleishman, Joan, PsyD\(^2\)  
\(^1\)Portland State University, Portland, Oregon, USA  
\(^2\)Oregon Health Science University, Portland, Oregon, USA  

In this workshop, presenters from Trauma Informed Oregon and Oregon Health & Science University will introduce the first trauma-informed behavioral observation tool being piloted for use in healthcare settings. For trauma survivors, seeking healthcare can be frightening and can be a reminder of previous traumatic experiences. Although many of the health conditions affecting trauma survivors can be prevented with early detection and preventive care, individuals with histories of trauma can be hesitant to engage in healthcare services and often forgo needed care. Trauma informed care (TIC) is an approach that calls on healthcare professionals to promote safety, trust, transparency, and empowerment with patients and attune to the distinct experience of trauma survivors. However, there is limited evidence identifying the specific communication skills and behaviors needed to demonstrate TIC in practice. This tool was developed from a qualitative consensus process involving patients and trauma experts, and represents an important step in closing the gap between research and practice. Participants will learn about the theory and principles of TIC that inform the behavioral tool and the process of its development. Video, in-person demonstration, and audience participation will be used to illustrate these behaviors in action.

Oral Paper Presentation  
Saturday, November 16  
11:15 AM to 12:30 PM  
Suffolk  

Flash Talks Session Five  

Validity of a Brief Screening Measure in Pediatric Primary Care and Other Settings  
(Assess Dx, CPA, Child/Adol, I, Industrialized)  

Lang, Jason, PhD\(^1\); Connell, Christian, PhD\(^2\)  
\(^1\)Child Health and Development Institute, Farmington, Connecticut, USA  
\(^2\)Yale School of Medicine, Pennsylvania State University, University Park, Pennsylvania, USA  

Recent efforts to promote trauma-informed care have resulted in child-serving systems seeking reliable, valid, and feasible approaches for widespread screening of children for traumatic stress. The Child Trauma Screen (CTS) was developed as a very brief, no-cost screen based on empirical item analysis of data from over 800 children. This presentation will briefly share data and psychometrics from the initial development and validation of the CTS in clinical and child welfare settings. The focus of this presentation will be on data from 102 children screened at well-child visits in a pediatric primary care setting, including convergent validity with the UCLA Posttraumatic Stress
Disorder Reaction Index for DSM 5. ROC analyses describing optimal cut scores across samples will be described. Preliminary psychometric data for a young child version of the CTS for children age 3-6 will be shared. Finally, feasibility and utility data from child welfare and judicial staff who administered the CTS will show that use of the CTS resulted in new information about trauma (15% - 23% of the time), enhanced understanding of the child’s needs (33-34% of the time), and that the time spent screening was worthwhile (71% of the time). Recommendations will be made for using the CTS across child welfare, behavioral health, juvenile justice, education, and pediatric settings.

**Flash Talks Session Five**

**The Dyadic Effects of PTSD on the Coregulation of RSA During Acute Stress Recovery**
(Clin Res, Acute-Clin Res-Health, Adult, I, N/A)

**Barden, Eileen, BA; Balderrama-Durbin, Christina, PhD**
*Binghamton University (SUNY), Binghamton, New York, USA*

This study investigates the influence of posttraumatic stress symptoms (PTSS) on acute stress recovery by examining the coregulation of respiratory sinus arrhythmia (RSA) in couples. Partners influence one another resulting in a mutual emotion regulation or coregulation (Butler & Randall, 2013). The Systemic Transactional Model postulates there is an interdependence between partners’ functioning where stress reciprocally impacts each partner, supporting the notion of physiological coregulation (Bodenmann et al., 2016). The current study included 47 community couples (N=94) where one stressed (S) partner was randomly selected to watch a video clip containing violent content, while the other partner (non-stressed; NS) did not. Afterward, the couple was reunited to complete a dyadic interaction task while having RSA continuous measured. Using time lagged regression analyses, results showed an interaction between clinically significant levels of PTSS (PCL-5 scores of 33 or higher) and RSA coregulation. Specifically, change in RSA for the S partner is dependent on the their own and their NS partners’ previous RSA by the NS partner’s PTSS. NS partners with higher levels of PTSS and lower levels of previous RSA predicted higher levels of the S partners’ RSA. These findings may have important implications for the physiological impacts of couple’s functioning and dyadic stress recovery.

**Flash Talks Session Five**

**Comparison of Metabolic and Cardiovascular Risk with PTSD Medication Augmentation Strategies: A National VA Study**
(Bio Med, Clinical Practice-Illness-Mil/Vets-Epidem, Adult, I, Industrialized)

**Nguyen, Kaylin, MD; Woods, Anne, MS; Maguen, Shira, PhD; Seal, Karen, MD MPH; Neylan, Thomas, MD; Cohen, Beth, MD, MAS**

1*University of California, San Francisco, San Francisco, California, USA*
2*San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA*
3*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

Although serotonin reuptake inhibitors (SRIs) are first-line therapies for PTSD, many individuals have an inadequate response, leading to addition of augmenting medications. Several of these augmenting medications have concerning metabolic side effects. No trials or large studies have compared the metabolic consequences of medications to augment SRIs in PTSD. We used national VA data to compare outcomes after augmentation of SRIs with antipsychotics, mirtazapine, prazosin, or tricyclic antidepressants in 169,982 patients with PTSD seen in VA care from 2007 to 2015. We evaluated changes in metabolic outcomes from the year before to the year after the addition of an augmenting medication using propensity score weighted analyses. We also compared rates of incident
cardiovascular events in the four medication groups. Those prescribed mirtazapine had the worst outcomes, with the greatest increases in weight, triglycerides, and glucose, and the greatest risk of cardiovascular disease events. Patients prescribed antipsychotics had the second highest risk of adverse consequences followed by tricyclic antidepressants then prazosin. Our findings highlight the need for consideration of metabolic consequences and controlled trials to better compare the benefits and risks of these medications in patients with PTSD.

Flash Talks Session Five

Predictors of Treatment Outcomes for Refugees with Posttraumatic Stress Disorder (PTSD)
(Clin Res, Complex-Depr-Refugee-Torture, Adult, M, Industrialized)

Sonne, Charlotte, PhD, MD; Mortensen, Erik, MPsych; Palic, Sabina, MA PhD Student; Carlsson, Jessica, MD PhD

1Competence Center for Transcultural Psychiatry, Ballerup, Denmark
2Copenhagen University, Copenhagen, Denmark
3University of Southern Denmark, Institute of Psychology, Odense, Denmark

Treatment effects in trials with trauma-affected refugees vary considerably between studies and individuals. Studies concerning reasons for these differences remain scarce. The objective of this study was to identify predictors of treatment outcome for refugees with PTSD. Data was derived from two trials, with a total number of 321 adult refugees with PTSD, who took part in a manualized bio-psycho-social treatment program. Outcome measures were the Harvard Trauma Questionnaire, Hopkins Symptom Checklist-25, and Hamilton Depression and Anxiety rating scales. Correlations were analyzed between pre- to post treatment score changes and several baseline variables using multiple regression models. The following variables were found to correlate with positive treatment outcome: Low age, short time in host country, full time occupation, low baseline depression score and status as family reunified (in contrast to refugee status). Combat experience was negatively correlated to treatment outcome. Results and their impact for clinical practice and future research projects will be discussed. Identifying predictors of positive treatment outcome is a first step in the strive to improve treatment outcomes for refugees with PTSD and provide personalized treatment programs on an evidence base. Further analyses including Latent Growth Mixture Modelling need to be undertaken on larger datasets.

Flash Talks Session Five

Peritraumatic Dissociation and PTSD: Considering Emotion Regulation and Race
(CulDiv, Acc/Inj-Acute, Adult, A, Industrialized)

Bird, Claire, MS; Torres, Lucas, PhD; deRoon-Cassini, Terri, PhD

1Marquette University, Milwaukee, Wisconsin, USA
2Medical College of Wisconsin, Department of Surgery, Trauma & Critical Care, Milwaukee, Wisconsin, USA

Difficulties in emotion regulation have been associated with trauma and subsequent psychopathology, including PTSD (Burns, Jackson, & Harding, 2010). It has also been widely documented that peritraumatic dissociation (PD) is a risk factor for PTSD development following a trauma (Candel & Merckelbach, 2004). Additionally, African American individuals experience significantly greater PD than their White counterparts (Myers et al., 2015). Little is known regarding why this may be. Research has suggested emotion regulation deficits may be associated with PD and together create heightened vulnerability to PTSD severity (Jones et al., 2018).

The current study employed a longitudinal approach to examine whether PD mediated the emotion regulation strategy of suppression and PTSD severity 6-months post trauma and whether this relationship was moderated by race. The sample consisted of 156 trauma injured patients from a Level 1 trauma center in the Midwest (49.2% AA,
50.8% White). A significant conditional indirect effect was found in which PD mediated the relationship between suppression and PTSD severity while race functioned as a moderator (index = .34, SE = .17; 95% CI = .05, .76). The present study offers evidence of suppression contributing to PTSD severity through PD. Results also offer evidence that this relationship differs for African Americans and White Americans.

**Flash Talks Session Five**

**Associations Between Caregiver Communications while Co-reminiscing with their Child about a Disaster, Children’s Independent Talk about the Disaster, and Child Posttraumatic Stress**


Hambrick, Erin, PhD1; Abel, Madelaine, Doctoral Student2; Vernberg, Eric, PhD, ABPP2

1University of Missouri - Kansas City, Kansas City, Missouri, USA
2University of Kansas Clinical Child Psychology Program, Lawrence, Kansas, USA

Children’s disaster-related PTSS may be influenced by caregiver-child co-reminiscing about disaster experiences. 50 children (8-12) and their female caregivers responded to minimally-structured prompts to elicit individual child recollections and caregiver-child co-reminiscences about their experiences with an EF-5 tornado in Joplin, Missouri (Spring 2011). We also obtained child report of severity of disaster experiences and PTSS. Data collection occurred 15–18 months post-disaster. Individual recollections were transcribed verbatim and coded for internal states language, i.e., positive and negative emotion terms. Co-reminiscences were also transcribed verbatim, and caregiver communications were coded for qualities derived from research on emotion socialization (acknowledgement, responses to expressions of emotions by the child). We sought to identify 1) whether emotion terms during child recollections were associated with child-reported PTSS when controlling for severity of exposure, and 2) whether caregiver communications moderated this association. Caregiver communications moderated the association between children’s positive emotion terms and PTSS. Caregivers who acknowledged child verbalizations were more likely to have children whose use of positive emotion terms buffered PTSS. Implications for how to support school-aged children during disaster recovery are discussed.

**Flash Talks Session Five**

**Trauma-related Cognitions about the Self and World Predicted Treatment Response to Prolonged Exposure: Evidence from Cross-Lagged Panel Analyses**

(Clin Res, Anx-Depr, Adult, M, Industrialized)

Mu, Wenting, PhD; Narine, Kevin, Undergraduate; Lieblich, Shari, BS; Foa, Edna, PhD; Brown, Lily, PhD

University of Pennsylvania, Philadelphia, Pennsylvania, USA

Objective: Findings on the direction of the relationship between trauma-related cognitions and PTSD symptoms have been inconsistent. Most prior studies tested the direction of the relationship in separate models using unidirectional lagged analyses. The current study is the first to test the bidirectional relationship between trauma-related cognitions and PTSD symptoms simultaneously in prolonged exposure therapy (PE) for PTSD. Method: Data were available from a large randomized controlled trial examining varenicline plus smoking cessation counseling (VARCC) and PE or VARCC only for individuals (n = 142) with comorbid PTSD and nicotine dependence (Foa et al., 2017). Utilizing this data, we conducted cross-lagged panel analysis to simultaneously examine the bidirectional relationship from baseline trauma-related cognitions to end-of-treatment PTSD symptoms (assessed using both self-report and clinician-administered interview), and vice versa. Results: We found baseline trauma-related cognitions, specifically negative cognitions about the world and self, predicted posttreatment PTSD symptoms.
symptoms, but not vice versa. Wald Chi Square tests revealed there were no treatment effects. **Conclusion:** These findings provide further support for the importance of change in trauma-related cognitions for PTSD recovery, further validating EPT theorized mechanisms of change underlying PE.

**Flash Talks Session Five**

**The Effects of Military Veterans’ Attachment Orientation on Their Intimate Partners’ Secondary Traumatization**

(Assess Dx, Mil/Vets, Adult, I, Industrialized)

**Ross, Kenneth, BSc Hons Psychology**¹; Milanak, Melissa, PhD²; Armour, Cherie, Professor¹

¹University of Ulster, School of Psychology, Coleraine, Northern Ireland, United Kingdom
²Medical University of South Carolina, National Crime Victims Research & Treatment Center, Charleston, South Carolina, USA

**Background:** Research has shown that intimate partners (IPs) of military veterans can become traumatised through close emotional involvement with their partner who has experienced trauma. This study examined the effects of attachment orientations and empathy on military veterans’ IPs’ secondary traumatization and their perceptions of their veteran partner’s combat experiences. **Method:** Participants (N=78) were Northern Irish military veterans and their IPs (N=39 dyads). Data was collected through self-report questionnaires and analysed using linear regressions and the dyadic Actor-Partner Interdependence Model (APIM). **Results:** Within the APIM, veterans’ anxiety attachment orientation significantly influenced their IPs’ perceptions of the veterans’ combat experiences (p=.010). Veterans’ attachment orientation did not influence their IPs’ secondary traumatization, however, the IPs’ own empathic concern significantly predicted their own perceptions of their veteran partners’ combat experiences (p=.039) and these perceptions in turn predicted their own secondary traumatization (p=.033). **Conclusion:** The results show that in military couples, anxious attachment on the side of the veteran and high empathic concern on the side of the IP are risk factors for the IP developing secondary traumatization. Implications for treatment, prevention and future directions will be discussed.

**Flash Talks Session Five**

**Temporal Sequencing of Change in Trauma-Related Beliefs and Therapeutic Alliance During Prolonged Exposure and Sertraline for Chronic PTSD**

(Clin Res, Cog/Int-Res Meth, Adult, M, Industrialized)

Feeny, Norah, PhD¹; Zoellner, Lori, PhD²; **Baier, Allison, MA**¹

¹Case Western Reserve University, Cleveland, Ohio, USA
²University of Washington, Seattle, Washington, USA

Although efficacious treatments for PTSD exist, a better understanding of the processes by which treatments lead to symptom reduction would enable clinicians to optimize the elements of treatment that lead to change (Kazdin, 2007). Trauma-related beliefs (Cooper, 2017) and the therapeutic alliance (Crits-Christoph, 2011) have been found to temporally precede symptom change; however, it is likely these processes do not act in isolation but rather in interactive ways. The present study examined the temporal relationships between negative cognitions (PTCI; Foa et al., 1999) and therapeutic alliance (WAI; Tracey & Kokotovic, 1989) in 200 patients in a randomized trial examining prolonged exposure (PE) or sertraline for chronic PTSD. Time-lagged session-by-session mixed regression models revealed a treatment by within-patient alliance interaction wherein improvements in alliance predicted belief change in PE ($d = 0.31$) but not in sertraline ($d = 0.02$). In the reverse model, within-patient belief change predicted stronger alliance across both treatments ($d = 0.25$), suggesting some reciprocity between alliance and belief change. The therapeutic relationship may facilitate belief change more strongly in PE than sertraline by facilitating patient
engagement and homework compliance. Changing beliefs may positively affect the alliance as patients begin to experience symptom relief.

Flash Talks Session Five

Repeated Exposure to Hurricanes: Results from a Longitudinal Representative Sample of Floridians
(Pub Health, Chronic-Nat/Dis-Epidem, Adult, M, Industrialized)

Garfin, Dana Rose, PhD1; Holman, E. Alison, PhD2; Wong-Parodi, Gabrielle, PhD3; Thompson, Rebecca, PhD4; Cohen Silver, Roxane, PhD4
1University of California, Irvine, Irvine, California, USA
2University of California, Irvine, Program in Nursing Science, Irvine, California, USA
3Carnegie Mellon University, Pittsburgh, Pennsylvania, USA
4University of California, Irvine, Department of Psychology and Social Behavior, Irvine, California, USA

In September 2017, Hurricane Irma barreled towards Florida, inciting Florida’s most extensive evacuation protocol (Feng & Lin, 2018). In 2018, Category 4 Hurricane Michael hit Florida. Many in Florida were not directly impacted by Michael, yet prior hurricane exposure may still predict negative responses: media coverage of trauma can be a conduit for widespread psychological distress (Holman et al., 2014) and fear/worry (Thompson et al., 2017). Prior exposure may amplify effects (Garfin et al., 2015). We surveyed a representative sample of Floridians (N=1,637) 60 hours before Irma and 1 month post-Irma and post-Michael. Controlling for media exposure to both hurricanes, regression analyses indicated acute stress after Michael was associated with living in an evacuation zone during Irma (b=.13, p=.001), direct exposure to Michael (b=.54, p<.001), and loss in a hurricane prior to Irma (b=.13, p=.008). Controlling for media exposure, longitudinal GEE analyses of generalized fear/worry about future events indicated that fear/worry increased for those who experienced loss in a hurricane prior to Irma (b=.15, p<.001), those who experienced loss during Irma (b=.20, p=.002), and those with direct exposure to Michael (b=.15, p=.044). Prior experience of loss during a hurricane begets increased distress following subsequent hurricanes, even when subsequent exposure occurs via the media.
Saturday, November 16, 2019
Concurrent Session Eleven

Invited Speaker
Saturday, November 16
2:00 PM to 3:15 PM
Salon E/F

Navigating the Intersection of PTSD and Clinically Significant Pain: Reflections on the Past, Present, and Future
(Practice, Anx-Chronic, Adult, I, Global)

Asmundson, Gordon, PhD
University of Regina, Regina, Saskatchewan, Canada

It is now well established that PTSD and clinically significant pain (i.e., chronic pain, pain-related anxiety, kinesiophobia) frequently co-occur. Co-occurrence of clinically significant pain is often unrecognized and untreated in PTSD treatment settings; yet, when unaddressed, comorbid pain-related concerns can complicate treatment, reduce treatment effectiveness, and exacerbate functional limitations and suffering for patients with PTSD. For several decades now our own empirical and theoretical work as well as that of a growing number of others has been focused on better understanding the intersection of PTSD and clinically significant pain so that the most effective, efficient, and accessible evidence-based treatments can be made available to those who have PTSD and comorbid presentations of clinically significant pain. This talk will will begin with a primer on clinically significant pain, provide a broad overview of our initial foray into this line of investigation, summarize our early findings and relevant heuristic models posited to account for co-occurrence of PTSD and clinically significant pain, update current empirical findings, and end with thoughts on future directions.
Invited Panel  
Saturday, November 16  
2:00 PM to 3:15 PM  
Salon G  

The Global Collaboration on Traumatic Stress  
(Global, Assess Dx-CPA-Cul Div-Refugee, Lifespan, M, Global)  

Olff, Miranda, PhD1; Schnyder, Ulrich, MD2; Frewen, Paul, PhD3; Hyland, Philip, PhD4; Kassam-Adams, Nancy, PhD5; Nickerson, Angela, PhD6; Pfaltz, Monique, PhD7  
1Academic Medical Center and Association of Dutch Burn Centres, Amsterdam, Netherlands  
2Zurich University, Zurich, Switzerland  
3University of Western Ontario, London, Ontario, Canada  
4National College of Ireland, Dublin Ireland  
5Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA  
6University of New South Wales, School of Psychology, Sydney, NSW, Australia  

Trauma is a global issue. The great majority of the global burden of disease arising from mental health conditions occurs in low and middle income countries. Furthermore, traumatic experiences, trauma-related symptoms, as well as treatment approaches differ across cultures. Therefore, collaborating across national boundaries and the traumatic stress societies joining forces will enhance our understanding and eventually benefit those confronted with trauma. The “Global Collaboration on Traumatic Stress” is a collaborative which consists of researchers and clinicians from around the globe and represents traumatic stress societies worldwide (ISTSS, ESTSS, JSTSS, ASTSS, ACET, SAPsi, Asian STSS, CPA TSS, DeGPT). This interactive panel will discuss some of the work of the Global Collaboration. Paul Frewen will present preliminary results from an online survey assessing childhood trauma history in different languages and cultures, using a novel methodology (CARTS). Phil Hyland will describe an ongoing study assessing prevalence rates of ICD-11 stress-related disorders using nationally representative samples in various countries. Nancy Kassam-Adams will demonstrate how to make traumatic stress research data “FAIR”, i.e., findable, accessible, inter-operable, and re-usable. Angela Nickerson is leading a newly established theme conducting research on forcibly displaced persons. Finally, Monique Pfaltz looks into socio-emotional development across cultures in people across the lifespan who have (and have not) experienced childhood maltreatment.
Reward Sensitivity and Trauma-Related Psychopathology: Understanding Key Mechanisms in the Development and Maintenance of Trauma-Related Mental Health Problems

Williams, Joah, PhD
University of Missouri - Kansas City, Kansas City, Missouri, USA

Individual differences in orientation to rewarding and aversive stimuli are associated with the development and maintenance of a variety of mental health problems (e.g., Bijttebier et al., 2009). In terms of trauma-related psychopathology, posttraumatic stress disorder (PTSD) in particular has been associated with decreased reward anticipation and hedonic responses to reward (Nawijn et al., 2015), though the extent to which reward functioning contributes to stress responses beyond PTSD remains unclear. Moreover, associations between reward responsiveness and trauma-related mental health problems likely vary as a function of individual and environmental factors, such as self-regulatory strategies and the availability of rewards. To explore how these factors impact the association between reward responsiveness and traumatic stress reactions, the first paper (McDevitt-Murphy) will look at associations between PTSD symptoms, environmental access to reward, and hedonic response to reward in a sample of military veterans. The second paper (Olin et al.) explores whether trauma-related characteristics moderate the association between reward sensitivity and PTSD. The third paper (Vujanovic et al.) examines the interactive effect of hedonic capacity and self-regulatory processes on PTSD and alcohol use among trauma-exposed firefighters. The final paper (Williams et al.) will examine the relative contribution of various facets of reward sensitivity to intense yearning for a deceased loved one in a sample of young adults with a history of bereavement due to sudden death.
Anhedonia is associated with worse PTSD severity, and it has been conceptualized as a deficit in reward functioning, a process that may serve to maintain PTSD symptoms. The present study aims to characterize PTSD and diminished reward functioning in the framework of behavioral economics. We will present findings from a prospective study of combat veterans with PTSD that employed ecological momentary assessment (EMA) to quantify PTSD-related avoidance and its converse, engagement in important life areas. Data were collected over a 3-week period with EMA prompts querying activity engagement across a range of categories, as well as emotional responses and contextual factors. EMA data collection is ongoing but will be completed by June 2019 and analyses using these data will be included in the proposed presentation. The baseline sample includes 109 veterans (88% male, 63% white; mean age = 37.9 years; SD = 8.08). Correlation analyses showed that environmental reward was significantly correlated with all PTSD symptom clusters and most strongly with negative alterations in cognition and mood (NACM; r = -.41). Hedonic experience of reward correlated significantly with NACM (r = -.38) and with arousal symptoms (r = -.31). We will report on prospective analyses of behavioral allocation toward avoidance as well as engagement with positive activities during the EMA period.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Salon A/B

Reward Sensitivity and Trauma-Related Psychopathology: Understanding Key Mechanisms in the Development and Maintenance of Trauma-Related Mental Health Problems

The Relationship between Post-Traumatic Stress Disorder and Reward Functioning among Individuals with Extensive Trauma Histories
(Clin Res, Affect/Int, Adult, M, Industrialized)

Olin, Cecilia, BA; McDevitt-Murphy, Meghan, PhD; Voss, Madeline, BS; Zakarian, Rebecca, BA (Hons)
The University of Memphis, Memphis, Tennessee, USA

Among those with PTSD, deficits in reward functioning (i.e. the ability to seek out and enjoy positive stimuli) are associated with greater chronicity, functional impairment, and suicidality. The present study evaluated the relations among PTSD symptom clusters and reward function in a sample of young adults (N=212) with extensive trauma histories (M=21 events, SD=44.8). Participants completed the Reward Probability Index, which assesses one’s ability to experience reward and the availability of environmental rewards. PTSD symptoms were negatively related to reward functioning overall (b(SE)=-0.21(0.03), β=-0.47, t=-7.27, p<0.01), the ability to experience reward (b(SE)=-0.07(0.02), β=-0.24, t=-3.50, p<0.01), and reward availability (b(SE)=-0.15(0.02), β=-0.54, t=-9.04, p<0.01). Results remained significant when examined at the PTSD symptom cluster level. Trauma type (e.g. interpersonal vs. non-interpersonal, childhood vs. non-childhood trauma), chronicity, and frequency did not significantly moderate any of these relationships. Results suggest that among those with PTSD, reward functioning is likely to be affected regardless of the trauma experienced. Given the consequences of such losses, reward functioning may be an important area for clinical intervention across individuals with PTSD. Additional research and clinical implications to be elaborated.
Reward Sensitivity and Trauma-Related Psychopathology: Understanding Key Mechanisms in the Development and Maintenance of Trauma-Related Mental Health Problems

Reward Function and Distress Tolerance: Associations with PTSD Symptoms and Alcohol Use in Firefighters

Vujanovic, Anka, PhD; Zegel, Maya, PhD Student; Tran, Jana, PhD; Wardle, Margaret, PhD
1University of Houston, Houston, Texas, USA
2Houston Fire Department, Houston, Texas, USA
3University of Texas Medical School at Houston, Houston, Texas, USA

Firefighters are at risk of both posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD), underscoring the importance of understanding clinically targetable factors to inform evidence-based intervention development. Hedonic capacity, or the ability to experience pleasure, is a facet of reward functioning with demonstrated associations with PTSD and AUD. Distress tolerance (DT), or the perceived ability to withstand negative emotional states, has also demonstrated associations with both PTSD and AUD. No studies among firefighters have evaluated the independent and interactive effects of self-reported hedonic capacity (Snaith-Hamilton Pleasure Scale) and distress tolerance (Distress Tolerance Scale) with regard to PTSD symptoms and alcohol use severity. The current study was comprised of 941 trauma-exposed, career firefighters, who completed a battery of self-report questionnaires. Both hedonic capacity and DT were incrementally associated with PTSD symptom severity and alcohol use severity (p’s<.001). The interactive effect of hedonic capacity and DT was associated with PTSD symptom severity and alcohol use severity (p’s<.001). Lower DT and hedonic tone were associated with heightened PTSD and alcohol use severity. Covariates included trauma load (i.e., number of trauma types) and years in the fire service. Clinical and theoretical implications will be discussed.
Yearning, or experiencing a strong desire for a lost loved one, is among the first reactions many grievers experience and, at least initially, may be partially motivated by positive reinforcement mechanisms (e.g., pictures of a deceased loved one elicit yearning associated with positively reinforcing aspects of the relationship; Sbarra & Hazan, 2008). So, individual differences in reward sensitivity may impact the degree to which bereaved individuals yearn for a deceased loved one. This study aims to explore associations between reward sensitivity and yearning among young adults with a history of sudden loss. Participants were 326 college students who reported losing a loved one to a violent or sudden, natural death. Assessments included the BAS/BIS Scales (Carver & White, 1994) assessing motivational sensitivity and the Yearning in Situations of Loss Scale (O’Connor et al., 2014). After adjusting for presence at the death scene and time since the loss, scores on the BAS-Drive (i.e., persistence toward reward attainment), B = 1.31; p = .02, and BAS-Reward (i.e., positive reward reactions) scales, B = -1.46; p = .02, were both significantly associated with yearning. Results suggest that various aspects of reward sensitivity may differentially impact yearning following the death of a loved one.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Salon J/K

New Neurobiological Research on Trauma-Related Dissociation
(Bio Med, Chronic-Complex-Bio/Int-Neuro, Adult, M, N/A)

Lebois, Lauren, PhD; Kaufman, Milissa, MD, PhD
McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA

Trauma-related dissociative symptoms in psychiatric populations are common, debilitating, and costly at the personal and societal level; however, their biological mechanisms are largely unknown. Phenomenologically, dissociation encompasses a range of symptoms including depersonalization, derealization, amnesia, flashbacks, numbing, and identity disturbances. Foundational work has begun to identify physiological and brain activity patterns associated with trauma-related dissociation. However, work has yet to explore 1) how dissociation is related to brain activity associated with the vestibular system, and 2) a network perspective on a range of pathological dissociative symptoms, and 3) the application of structural pattern recognition methodologies to facilitate psychiatric diagnosis. We will address these gaps by presenting new evidence on dissociative neural intermediate phenotypes in low vs. high dissociators, including individuals with posttraumatic stress disorder and dissociative identity disorder.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Salon J/K

New Neurobiological Research on Trauma-Related Dissociation

Sensory Overload and Imbalance: Resting-State Vestibular Connectivity in PTSD and its Dissociative Subtype
(Res Meth, Bio Med-Chronic-Complex-Neuro, Adult, M, Industrialized)

Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined. Guides to Keyword Abbreviations located on pages 1-3. (Primary Keyword, Secondary Keywords, Population type, Presentation Level, Region)
Background: The vestibular system integrates interoceptive and exteroceptive signals to monitor one's bodily orientation in space. Post-traumatic stress disorder (PTSD) involves typically alterations in interoceptive and bodily self-awareness evidenced by symptoms of hyperarousal, as well as of emotional detachment and dissociation. These alterations may disrupt vestibular multisensory processing between the vestibular nuclei and key vestibular cortical regions [parieto-insular vestibular cortex (PIVC), dorsolateral prefrontal cortex (dlPFC)]. Accordingly, this study examined functional connectivity of the vestibular system in PTSD and its dissociative subtype (PTSD+DS).

Methods: Using SPM12, we implemented a seed-based approach to examine resting-state vestibular nuclei functional connectivity patterns among PTSD (n=60), PTSD+DS (n=41) and healthy controls (n=40).

Results: Decreased vestibular nuclei functional connectivity with the PIVC and the dlPFC was observed in PTSD+DS as compared to PTSD and healthy controls. In addition, PTSD showed decreased vestibular nuclei connectivity with the posterior insula as compared to controls.

Discussion: These findings suggest PTSD patients display differing multisensory integration patterns that may compromise vestibular function and contribute to the neurophenomenology of the unique symptom profiles observed in PTSD and PTSD+DS.
estimates were derived by individually defining homologous functional nodes for each participant. Using the set of connections identified as insensitive to head motion, support vector regressors were trained to estimate MID scores. In our sample (N=44), which included women with histories of childhood abuse and diagnoses of PTSD and dissociative identity disorder, our models achieved moderate ability to estimate dissociation scores (r=0.489, p=0.002, 1000 permutations), after controlling for motion, age, and overall PTSD severity. Dissociative symptoms can be estimated on the basis of network connectivity—in particular, primarily implicating connections between nodes of the default and salience networks.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Salon J/K

New Neurobiological Research on Trauma-Related Dissociation

Aiding The Diagnosis Of Dissociative Identity Disorder: A Pattern Recognition Study Of Brain Structural Biomarkers
(Bio Med, Chronic-Neuro, Child/Adol, M, N/A)

Reinders, A.A.T. Simone, PhD; Marquand, Andre, PhD; Schlumpf, Yolanda, PhD; Chalavi, Sima, PhD; Vissia, Eline, PhD; Nijenhuis, Ellert, PhD; Dazzan, Pooaola, PhD; Jäncke, Lutz, PhD; Veltman, Dick, MD PhD

1Institute of Psychiatry, Psychology & Neuroscience (IoPPN), King’s College London, London, United Kingdom
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3Division of Neuropsychology, Department of Psychology, University of Zurich, Zurich, Switzerland
4Department of Neuroscience, University Medical Center Groningen, University of Groningen, Groningen, Netherlands
5GGZ centraal, Top Referent Trauma Centrum, Ermelo, Netherlands
6Department of Psychosis Studies, Institute of Psychiatry, King’s College London, London, United Kingdom
7Clinia Littenheid AG, Private Clinic for Psychiatry and Psychotherapy, Littenhead, Switzerland
8VU University, Amsterdam, Netherlands

Background: A diagnosis of DID is controversial and prone to under- and misdiagnosis. From the moment of seeking treatment for symptoms to the time of an accurate diagnosis of DID individuals received an average of four prior other diagnoses and spent many years in mental health services.

Aim: To investigate whether data-driven pattern recognition methodologies applied to structural brain images can provide biomarkers to aid DID diagnosis.

Method: Structural brain images of 32 individuals with DID and 43 healthy controls were included. Probabilistic pattern classifiers were trained to discriminate cohorts based on brain morphology.

Results: Classifiers accurately discriminated between DID and healthy controls with high sensitivity (72%) and specificity (74%). Findings provide evidence for a biological basis for distinguishing between DID and healthy individuals.

Conclusions: We propose a pattern of neuroimaging biomarkers that could be used to identify individuals with DID from healthy controls at the individual level. This is important and clinically relevant because the DID diagnosis is controversial and individuals with DID are often misdiagnosed. Ultimately, the application of pattern recognition methodologies could prevent unnecessary suffering of individuals with DID because of an earlier accurate diagnosis, which will facilitate faster and targeted interventions.
Symposium  
Saturday, November 16  
2:00 PM to 3:15 PM  
Salon H/I  

Understanding and Promoting Healing/Resilience against Racial Trauma and Violence-Related Disparities among Populations of Color  
(CulDiv, Clin Res-Comm/Vio-Prevent-Theory, Lifespan, M, Industrialized)  

Carter, Sierra, PhD  
Georgia State University, Atlanta, Georgia, USA  

Despite a continuously growing body of literature on experiences of trauma in marginalized communities, there is a dearth of literature examining the influences of oppression and discrimination in the experience of trauma and PTSD among these communities. Research in the United States and abroad has demonstrated that discrimination is a significant and impactful contributing factor in accounting for racial disparities in health across the life course. Understanding the unique roles of discrimination and historical legacies of oppression in the experience of trauma as well as identifying factors that impact risk or resilience in the development of psychopathology among these marginalized populations is critical. The current symposium includes four clinical and community researchers (representing three institutions and levels of career development) that will use a risk and resilience approach to elucidate the importance of examining discrimination/race-related stress in the conceptualization of trauma experiences and treatments. Two talks will address conceptual and theoretical gaps in the trauma literature for diverse youth and adults who have experienced trauma. Furthermore, these talks will highlight novel theoretical frameworks that can contribute to intervention efforts and community processes that promote resilience and healing. Lastly, two data-driven talks will evaluate the role of various cultural/race-related variables and parenting practices as risk or resilience factors for racial/ethnic minority communities who have experienced high levels of trauma exposure, community violence, and discrimination.

Symposium  
Saturday, November 16  
2:00 PM to 3:15 PM  
Salon H/I  

Understanding and Promoting Healing/Resilience against Racial Trauma and Violence-Related Disparities among Populations of Color  

Risk and Resilience: An Examination of Risk and Protective Factors that Influence the Relationship between Race-Related Stress, PTSD, and Health Outcomes among Low-Income African American Women  
(CulDiv, Clin Res-Comm/Int-Health-Gender, Adult, M, Industrialized)  

Carter, Sierra, PhD; Powers Lott, Abigail, PhD; Bradley, Bekh, PhD  
1Georgia State University, Atlanta, Georgia, USA  
2Emory University School of Medicine, Atlanta, Georgia, USA  
3Atlanta VAMC/Emory University, Decatur, Georgia, USA
Previous studies have shown that experiences of racism may lead to severe trauma symptoms that resemble PTSD. Furthermore, recent research has begun to find a relationship between racial discrimination and PTSD symptoms showing that individuals who experienced racial discrimination were significantly more likely to screen positive for PTSD. Although studies have examined the link between racial discrimination, and negative psychological outcomes, there continues to be a paucity of research examining how experiences of racial discrimination and trauma could be interwoven. It is also critical to identify potential cultural factors that may increase risk or resilience for populations who experience high levels of both racial discrimination and trauma. This presentation will discuss study findings that examined the how the multilevel construct of race-related stress interacts with PTSD symptomatology, functional impairments, and health/well-being while also considering the risk and protective role of racial identity, emotion regulation, attention control and family warmth/stability in a highly traumatized community sample of African American women. Data was collected from approximately 120 African American women who were recruited as part of the Grady Trauma Project. Results from study findings will be discussed and clinical implications will be highlighted.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Salon H/I

Understanding and Promoting Healing/Resilience against Racial Trauma and Violence-Related Disparities among Populations of Color

Research and Intervention Applications for a Model of Cumulative Racial–Ethnic Trauma Middle Eastern and North African (MENA) Descent
(CulDiv, Ethnic-Refugee-Theory, Lifespan, M, Industrialized)

Kia-Keating, Maryam, PhD1; Awad, Germine, PhD2; Amer, Mona, PhD3
1University of California, Santa Barbara, Dept. Couns, Clinical, School Psychology, Santa Barbara, California, USA
2University of Texas at Austin, Austin, Texas, USA
3The American University in Cairo, Cairo, Egypt

Internationally, violence and discrimination has been rampant against migrants originating from Middle Eastern and North African (MENA) countries, ranging from individual microaggressions to harmful social policies, and from hate crimes to large scale attacks specifically targeting Muslims, such as the New Zealand massacre during which 50 people were killed in March 2019. It is urgent to attend to the potential for long-term negative consequences to MENA migrants’ health and mental health, including a ubiquitous sense of insecurity, hopelessness, and alienation. This paper presents a model of cumulative racial/ethnic trauma faced by Americans of MENA descent, resettled in the United States (U.S.), including adversities such as alienation, restriction, and disadvantage. Factors related to protection and promotion of resilience and positive health and mental health trajectories will be described within the model, including belonging, freedom, and opportunities. Current literature that supports the conceptual model will be reviewed, while highlighting the enormous gaps in knowledge about health and mental health disparities for MENA populations. The paper will offer ways in which the conceptual model can help to create a foundation for inquiry and contribute to intervention efforts to address cumulative racial/ethnic trauma and support resilience and thriving for MENA Americans.

284
Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guides to Keyword Abbreviations located on pages 1-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)
Latinx immigrant families experience disproportionate rates of community violence (Aisenberg et al., 2008) and are at greater risk of psychopathology (Gudiño et al., 2012) due to environmental risk factors such as poverty, discrimination, and acculturative stress (Bernal & Santiago, 2006). While facing these stressors, families are also challenged by family conflict and acculturation gaps that impact parenting. There is a dearth of research on typical immigrant parenting practices (Perreira, Chapman, & Stein, 2006), and fewer studies considering both immigrant and community stressors. Utilizing community-based participatory research approaches, this study examined a contextual model of Latinx family processes. 64 Latinx immigrant parents (predominantly Mexican; 84% mothers) participated in focus groups facilitated by community advisory board members. Parents discussed experiences of discrimination, crime, and community violence. Thematic analyses revealed four parent-child interactions that were common when encountering various stressors: 1) guidance, 2) monitoring, 3) communication, and 4) impotencia (low self-efficacy). Findings highlight the importance of considering risk and resilience factors impacting Latinx immigrant families and parenting in violence-ridden communities. Implications for culturally-responsive prevention and intervention efforts will be discussed.
Trauma is prevalent among children and adolescents, with youth of color generally reporting greater exposure compared to White youth (e.g., Hatch & Dohrenwend, 2007). One factor that may account for this is racial stress and trauma (RST), which can manifest into trauma symptoms. Although RST can significantly impact youth of color (e.g., Jernigan & Daniel, 2011), and unaddressed encounters with RST may contribute racial health disparities in adulthood (e.g., Williams & Mohammed, 2009), most research and conceptual models to date have focused on adult populations. Additionally, little attention is given to the impact of the ecological context in how youth encounter and manage RST. As such, this presentation will discuss a new conceptual model (i.e., Developmental and Ecological Model of Youth Racial Trauma [Saleem, Anderson, Williams, under review]) of how RST manifests to influence the trauma symptomatology of youth of color. Based on theory and empirical literature and with consideration to developmental periods, we will discuss how family and community processes can promote resilience and healing when youth encounter RST. Clinical case vignettes will be provided to illustrate RST encounters. Additionally, the presentation will include suggestions for overcoming clinicians’ challenges in identifying RST in young populations according to the PTSD framework within the DSM-5.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Arlington

Using Data from the Veterans Health Administration to Understand Outcomes and Improve the Future of Posttraumatic Stress Disorder Treatment
(Clin Res, Clinical Practice-Pub Health-Mil/Vets-Epidem, Adult, M, Industrialized)

Holder, Nicholas, PhD
San Francisco Veterans Affairs Health Care System; Sierra Pacific Mental Illness Research, Education, and Clinical Center; University of California San Francisco School of Medicine, San Francisco, California, USA

Four clinician-researchers report on posttraumatic stress disorder (PTSD) treatment outcomes among veterans using Veterans Health Administration (VHA) care by leveraging data from the VHA’s national electronic medical record. We will begin the symposium with work using natural language processing (NLP) algorithms to classify evidence-based psychotherapies (EBPs) from psychotherapy notes in the electronic medical record and describe factors that are associated with not only initiating an EBP, but also initiating an EBP soon after first presenting to VHA mental health care. In the second presentation, we will leverage NLP data and serially-collected PTSD symptom measurements to identify factors associated with clinically significant improvement in PTSD symptoms among Iraq and Afghanistan war veterans. In the third presentation, we will describe implementation of EBP using NLP in an all-era cohort of veterans and will show the effect of progressively stringent adequacy standards on treatment outcomes. In the final presentation, results from a random forest machine learning analysis used to identify potential predictors of symptom change for veterans with PTSD, including EBP provision as measured using electronic medical record-based templates. Together, this symposium will highlight how advanced statistical and research methodology can be used to better understand and improve PTSD treatment. The results of each presentation may help to inform the direction of PTSD treatment provision in the VHA, building upon nationwide EBP implementation efforts.
Symposium  
Saturday, November 16  
2:00 PM to 3:15 PM  
Arlington

Using Data from the Veterans Health Administration to Understand Outcomes and Improve the Future of Posttraumatic Stress Disorder Treatment

**Machine Learning to Predict Treatment Response among VA Patients with PTSD**  
(Clin Res, Clin Res-Clinical Practice-Res Meth-Mil/Vets, Adult, M, Industrialized)

**Sripada, Rebecca, PhD**¹; Yoo, Hyesun, MS²; Zhu, Ji, PhD²; Ganoczy, Dara, MPH¹; Bohnert, Kipling, PhD¹; Waljee, Akbar, MD³

¹VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan, USA  
²University of Michigan, Ann Arbor, Michigan, USA  
³The University of Michigan Health System, Ann Arbor, Michigan, USA

Objective: Although several evidence-based treatments for PTSD have demonstrated efficacy in Veteran populations, between 30-50% of those who engage in trauma-focused treatment fail to respond adequately. The factors that predict treatment response are largely unknown. Methods: We constructed a Random Forest (RF) machine-learning model to predict treatment outcome among VHA patients who were diagnosed with PTSD from FY16-FY17, using VHA electronic health record data. Independent variables included psychotherapy visits, psychiatric medications, demographics, comorbidities, and laboratory values. Results: A total of 20,647 data points were obtained from a subset of 8778 patients with complete data. The variables with greatest importance were baseline PTSD symptoms, duration of illness, psychotherapy attendance, body mass index, age, white blood cell count, distance to facility, systolic blood pressure, HDL cholesterol, and diastolic blood pressure. We split the data into a training set (70%) and a test set (30%) to assess prediction performance. The predicted R² was 0.14. Conclusions: Predictors of PTSD symptom change include baseline symptoms and treatment-related variables as well as markers of physical health. Predicting treatment response in PTSD may help improve treatment outcomes by reducing the provision of treatment modalities that are unlikely to be successful.

Symposium  
Saturday, November 16  
2:00 PM to 3:15 PM  
Arlington

Using Data from the Veterans Health Administration to Understand Outcomes and Improve the Future of Posttraumatic Stress Disorder Treatment

**Factors Associated with PTSD Symptom Improvement among Iraq and Afghanistan Veterans Receiving Evidenced-Based Psychotherapy**  
(Clin Res, Mil/Vets, Adult, M, Industrialized)

**Maguen, Shira, PhD**¹; Holder, Nicholas, PhD²; Li, Yongmei, PhD³; Madden, Erin, MPH³; Neylan, Thomas, MD⁴; Seal, Karen, MD MPH³; Lujan, Callan, MA³; Patterson, Olga, PhD⁸; DuVall, Scott, PhD⁸; Shiner, Brian, MD MPH⁹

¹San Francisco VA Medical Center and UCSF, San Francisco, California, USA  
²San Francisco Veterans Affairs Health Care System; Sierra Pacific Mental Illness Research, Education, and

Presenters' names are in bold. Discussants' names are underlined.  
Moderators' names are in bold and underlined.  
Guides to Keyword Abbreviations located on pages 1-3.  
(PrimaryKeyword, SecondaryKeywords, PopulationType, PresentationLevel, Region)
Veterans who initiate PTSD evidence-based psychotherapy (EBP) experience differential benefit. Better understanding factors associated with clinically significant improvement can help ameliorate care. A cohort of Iraq and Afghanistan War veterans was identified (N=30,008) with >=1 post-deployment psychotherapy visit(s) at the Veterans Health Administration from 10/01-9/15, a post-deployment PTSD diagnosis, and >=2 PTSD symptom measures. Using two random effects logistic regressions, predictors of PTSD symptom improvement were identified for the entire sample and those who initiated EBP. Earlier EBP initiation was a strong predictor of PTSD improvement. Among the entire sample, decreased odds of PTSD symptom improvement were seen in African-Americans (OR=0.70;95%CI:0.69-0.78), those who took medications (OR=0.90; 95%CI:0.85-0.95), and those with pain diagnoses (OR=0.76; 95%CI:0.72-0.80), traumatic brain injury (OR=0.87; 95%CI:0.82-0.93), or depression (OR=0.82; 95%CI:0.78-0.87). Among the EBP group, decreased odds of improvement were seen in African-Americans (OR=0.73; 95%CI:0.66-0.80), those who took medications (OR=0.81; 95%CI:0.75-0.88), or had pain diagnoses (OR=0.69; 95%CI:0.64-0.75). There are modifiable factors associated with treatment improvement, (i.e., timing of treatment, medications) that can be used to improve EBP treatment and PTSD treatment broadly.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Arlington

Using Data from the Veterans Health Administration to Understand Outcomes and Improve the Future of Posttraumatic Stress Disorder Treatment

Posttraumatic Stress Disorder Evidence-Based Psychotherapy Initiation and Timing in the Veterans Health Administration
(Practice, Clin Res-Train/Ed/Dis-Mil/Vets-Epidem, Adult, M, Industrialized)

**Holder, Nicholas, PhD**¹; Shiner, Brian, MD MPH²; Li, Yongmei, PhD³; Madden, Erin, MPH⁴; Neylan, Thomas, MD⁴; Seal, Karen, MD MPH³; Lujan, Callan, MA³; Patterson, Olga, PhD⁶; DuVall, Scott, PhD⁶; Maguen, Shira, PhD⁵

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²Dartmouth Medical School, VA Medical Center, White River Junction VT, Vermont, USA
³San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA
⁴University of California, San Francisco and San Francisco VAMC, San Francisco, California, USA
⁵San Francisco VA Medical Center and UCSF, San Francisco, California, USA
⁶Department of Veterans Affairs Salt Lake City Health Care System; University of Utah School of Medicine, Salt Lake City, Utah, USA

Veterans who initiate evidence-based psychotherapies (EBPs) soon after beginning mental health treatment have may improved outcomes. In the current study, we identified predictors (demographic, military, clinical complexity) of EBP initiation and timing. We used Natural Language Processing to determine if Iraq and Afghanistan war veterans (N=265,566) with a PTSD diagnosis that received Veterans Health Administration psychotherapy from 2001-2017 received an EBP. Predictors of EBP initiation vs. no EBP were identified using logistic regression.
Predictors of early EBP initiation (<1 year after first mental health visit) vs. delayed or no initiation were identified using multinomial logistic regression. Demographic, military, and clinical complexity variables (e.g., comorbidities, military sexual trauma [MST]) all predicted EBP initiation and timing. MST (OR=1.46, CI95:1.40-1.52) and suicidal ideation/attempt (OR=1.42, CI95:1.38-1.46) strongly predicted EBP initiation vs. no EBP initiation. Comorbid pain (RRR=1.70, CI95:1.62-1.77) and depressive disorders (RRR=1.65, CI95:1.59-1.72) strongly predicted receiving a delayed vs. early EBP. Veterans with more mental health needs may be more likely to initiate an EBP and do so after a delay of a year or more. Further research is needed to understand the services offered to veterans who delay or never initiate EBPs.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Arlington

Using Data from the Veterans Health Administration to Understand Outcomes and Improve the Future of Posttraumatic Stress Disorder Treatment

Measurement Strategies for Evidence-Based Psychotherapy for Posttraumatic Stress Disorder Delivery: Trends and Associations with Patient-Reported Outcomes
(Practice, Clin Res-Train/Ed/Dis-Mil/Vets-Epidem, Adult, M, Industrialized)

Shiner, Brian, MD MPH¹; Leonard Westgate, Christine, MS²; Gui, Jiang, PhD³; Cornelius, Sarah, BS²; Maguen, Shira, PhD⁴; Watts, Bradley, MD MPH¹; Patterson, Olga, PhD³; Schnurr, Paula, PhD⁵
¹Dartmouth Medical School, VA Medical Center, White River Junction VT, Vermont, USA
²White River Junction VA Medical Center, White River Junction, Vermont, USA
³Dartmouth Medical School, Lebanon, New Hampshire, USA
⁴San Francisco VA Medical Center and UCSF, San Francisco, California, USA
⁵Department of Veterans Affairs Salt Lake City Health Care System; University of Utah School of Medicine, Salt Lake City, Utah, USA
⁶National Center for PTSD, Executive Division, White River Junction VA, White River Junction, Vermont, USA

We measured longitudinal implementation of evidence-based psychotherapy (EBP) for PTSD and determined whether more stringent treatment adequacy standards are associated with superior outcomes in a national cohort of Veterans. We quantified one-year EBP receipt for 731,520 Veterans who initiated care for PTSD in the VA between 2004 and 2013 using natural language processing (NLP) of psychotherapy notes. We grouped patients into those meeting progressively stringent treatment adequacy standards (any sessions, 8 or more sessions, 8 or more sessions with the same therapist, 8 or more sessions with the same therapist within 14 weeks). We compared symptomatic outcomes over the initial 8 sessions among those with PTSD checklist (PCL) measurements proximal to the 1st and 8th session. We used propensity score weighting to balance differences in baseline characteristics. Receipt of any EBP as measured using NLP of psychotherapy notes in the initial year of VA care for PTSD increased from 0.7% in 2004-2005 to 14.1% in 2012-2013. The most stringent treatment adequacy standard of 8 sessions with the same therapist within 14 weeks was associated with both the greatest amount of improvement (9.3 points) and the fastest rate of improvement. The rate of meeting this treatment adequacy standard in the initial year of PTSD treatment increased from 0.1% in 2004-2005 to 3.7% in 2012-2013.
Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Berkeley/Clarendon

Reconsolidation Therapy using Propranolol to Treat Trauma- and Stressor-Related Disorders
(Clin Res, Clinical Practice-Cul Div-Pub Health-Torture, Adult, M, Global)

Brunet, Alain, PhD
McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada

Considering the limited effectiveness (i.e. efficacy + drop-out and relapse rates) of empirically supported pharmacological and psychotherapeutic treatments for trauma- and stressor-related disorders, there is still ample room for improvement. In this symposium, three scientist-practitioners present and discuss data documenting the usefulness of disrupting the reconsolidation of stressful/traumatic memories using propranolol (reconsolidation therapy) to successfully and rapidly treat disorders stemming from pathogenic stressful/traumatic memories. The symposium Chair (Alain Brunet, McGill University) will present an overview of reconsolidation theory, and the current clinical evidence suggesting that the disruption of reconsolidation memories offers new hope in the treatment of stressor/trauma-related disorders. The first presenter, Daniel Saumier (University of Sherbrooke), will present the results of a randomized clinical trial examining the efficacy of reconsolidation therapy with propranolol compared to placebo to reduce clinician- and patient-rated PTSD symptoms. The second presenter, Ram P. Sapkota (McGill University), will present a controlled study (N = 46) comparing reconsolidation therapy to the SSRI paroxetine among Nepali survivors of torture. The third presenter, Michelle Lonergan (University of Ottawa), will present data (N = 60) pertaining to the efficacy of reconsolidation therapy in the treatment of adjustment disorders stemming from romantic partner betrayal. The Chair will guide the discussion concerning the exciting potential for reconsolidation therapy as a novel and promising treatment modality for stressor/trauma-related disorders.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Berkeley/Clarendon

Reconsolidation Therapy using Propranolol to Treat Trauma- and Stressor-Related Disorders

Treating Adjustment Disorder Stemming from Romantic Partner Betrayal: A Waitlist Controlled Clinical Trial of Memory Reconsolidation Therapy Using Propranolol
(Clin Res, Acute-Anx-Clinical Practice-Depr, Adult, M, Industrialized)

Lonergan, Michelle, PhD1; Saumier, Daniel, PhD2; Pigeon, Sereena, Graduate Student1; Brunet, Alain, PhD1
1McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada
2Douglas Mental Health University Research Institute/McGill University, Montreal, Quebec, Canada

Disrupting the reconsolidation of a traumatic memory with the beta-blocker propranolol alleviates traumatic stress (PTSD) symptoms in patients. Here, we extended this finding, by investigating the efficacy of disrupting memory
reconsolidation to alleviate symptoms of adjustment disorder (AD) stemming from romantic partner betrayal. In a waitlist-controlled randomized clinical trial, we hypothesized that the treated group would improve significantly more than the waitlist group on self-report measures of event-related (IES-R) and general psychological distress (HSCL-25). Participants received 4 to 6 weekly 20-min. sessions of reconsolidation therapy. Compared to the waitlist-condition (n = 29), the group receiving the active treatment (n = 30) reported a statistically and clinically meaningful pre/post decreases in IES-R (d = 1.58, p < .001) and HSCL-25 scores (d = .81, p < .001), as well as improvements in selected domains of quality of life (Psychological: pre-post d = 1.01; Physical pre-post d = .77). Our findings extend the usefulness of reconsolidation therapy beyond PTSD. Placebo-controlled clinical trials are warranted to further establish the treatment effect.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Berkeley/ Clarendon

Reconsolidation Therapy using Propranolol to Treat Trauma- and Stressor-Related Disorders

A Randomized Controlled Trial of Pre-Reactivation Propranolol Therapy to Treat PTSD Symptoms
(Clin Res, Clinical Practice-Bio/Int-Theory, Adult, M, Industrialized)

Saumier, Daniel, PhD1; Brunet, Alain, PhD2; Liu, Aihua, PhD2; Streiner, David, PhD, Cpsych3; Tremblay, Jacques, MD4; Pitman, Roger, MD5
1Douglas Mental Health University Research Institute/McGill University, Montreal, Quebec, Canada
2McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada
3McMaster University, Hamilton, Ontario, Canada
4Douglas University Institute in Mental Health, McGill University, Verdun, Montreal, Quebec, Canada,
5Department of Psychiatry, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts, USA

Reconsolidation Therapy may be a promising treatment for disorders that have as an etiological factor a negative emotional memory. We assessed the efficacy of trauma memory reactivation under the influence of propranolol in reducing symptoms of posttraumatic stress disorder (PTSD). In a 6-week randomized controlled trial involving 60 patients, double-blind propranolol or placebo was administered 90 minutes before trauma-memory reactivation. We predicted a significant effect of the active treatment versus placebo, as measured by the Clinician-Administered PTSD Scale (CAPS) and the patient-rated PTSD Checklist-Specific (PCL-S) scale in an intention-to-treat analysis. Controlling for baseline, the estimated between-group difference in posttreatment CAPS scores was a statistically significant 11.50 (within group d [active treatment] = 1.76, vs. d [placebo] = 1.25). For the PCL-S, a mixed linear model's estimated time-by-group interaction yielded an average decrease of 2.43 points per week, for a significant difference of 14.58 points above that of placebo. The within group effect sizes were d = 2.74 for the active treatment and d = 0.55 for placebo. Per protocol analyses yielded similar significant results. This treatment protocol, inspired by reconsolidation theory, appears to be an efficacious treatment for PTSD. Replication studies using a long-term follow-up are required.
Symposium  
Saturday, November 16  
2:00 PM to 3:15 PM  
Berkeley/Clarendon

Reconsolidation Therapy using Propranolol to Treat Trauma- and Stressor-Related Disorders

Reconsolidation Impairment Using Propranolol Versus Paroxetine To Treat Nepalese Trauma Survivors With Chronic Posttraumatic Stress Symptoms: A Pilot Randomized Controlled Trial

Sapkota, Ram P., PhD; Brunet, Alain, PhD; Saumier, Daniel, PhD

1McGill University, Montreal, Quebec, Canada  
2McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada  
3Douglas Mental Health University Research Institute/McGill University, Montreal, Quebec, Canada

Posttraumatic stress disorder (PTSD) is a global mental health problem requiring novel treatment solutions. Recent clinical trials suggest that impairing memory reconsolidation of a traumatic event using propranolol durably reduces PTSD symptoms. We compared the efficacy of 6 weeks of reconsolidation therapy against the antidepressant paroxetine in reducing symptoms of PTSD in a sample of trauma survivors in Nepal. Propranolol was administered to patients (n = 23) 90 minutes before conducting a brief (5-10 min.) memory reactivation session of their traumatic event, once a week for six consecutive weeks. Outcomes included the Post-traumatic Checklist-Civilian (PCL-C) scale. A preliminary intent-to-treat analysis revealed a non-significant time-by-group interaction on the PCL-C scores (estimate = 0.689, 95% CI=[-0.44, 1.82], p=.228). There was a main effect of time, whereby both groups improved substantially over time (p < .001), with no significant between-group difference. The pre-to-posttreatment effect sizes were d = 2.34 and d = 2.82 for paroxetine and propranolol groups, respectively. This study supports the notion that reconsolidation therapy is feasible and effective in treating individuals suffering from PTSD in developing countries. This study awaits replication in a larger sample.
Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Dartmouth/Exeter

Early Intervention in a Traumatic Injury Population: How Feasible and Effective is the State of the Art?
(Prevent, Acc/Inj-Acute-Clin Res-Clinical Practice, Lifespan, M, Industrialized)

Larsen, Sadie, PhD
Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin, USA

Each year nearly 30 million people are hospitalized or treated in an emergency department due to injury. Hospitals are increasingly recognizing a need to attend to mental health as well as physical health sequelae of such injuries, and thus to better understand how to identify and treat traumatic stress early on. Focusing on early intervention constitutes a major shift in the field away from identifying and treating chronic distress towards intervening with those in early distress or who are likely to develop a later diagnosis. In this symposium, clinician researchers present research on the early treatment of traumatic stress. The first presentation outlines results of two RCTs of a brief prolonged exposure early intervention used with two populations: hospitalized traumatic injury survivors and injured trauma survivors treated in the emergency room. A second presentation provides data on injured trauma survivors’ preferences for early intervention. The third presentation evaluates the implementation of mental health screening and intervention in one pediatric and one adult setting for hospitalized injury survivors. The final presentation discusses lessons learned (both clinical and research) in a pediatric ED implementing early assessment and intervention around trauma. This symposium thus represents an effort to implement science-based early intervention and treatment of PTSD.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Dartmouth/Exeter

Implementation of Pediatric and Adult Trauma Center Care: The Trauma Psychology Service
(Prevent, Acc/Inj-Acute-Clinical Practice-Prevent, Lifespan, M, Industrialized)

deRoon-Cassini, Terri, PhD1; Ridings, Leigh, PhD2
1Medical College of Wisconsin, Department of Surgery, Trauma & Critical Care, Milwaukee, Wisconsin, USA
2Medical University of South Carolina, Charleston, South Carolina, USA

Objective: Over 2 million adults and 225,000 children are hospitalized for traumatic injury annually, placing them at increased risk for poor mental health outcomes. Few trauma centers provide screening or interventions for PTSD or depression. Data will be presented from programs embedded in two trauma centers (1 adult and 1 pediatric) designed to identify, screen, and treat high-risk trauma patients. Methods: Participants included hospitalized traumatically-injured children and adults. Number of patients screened, reported significant PTSD/depression
symptoms, and received interventions are reported. The Injured Trauma Survivor Screen (ITSS), PCL-5 (PTSD), and CESDR (depression) for adults and the Peritraumatic Distress Inventory, CPSS (PTSD) and CES-DR (depression) for children and caregivers were used. Results: Nearly 95% of children agreed to screening. Almost 40% reported significant PTSD and/or depression. Over 80% agreed to telehealth or in-person treatment. Among adults, 97% agreed to screening, 54% at risk for PTSD, 34% for depression, and 18% for both. Most patients received brief psychological intervention prior to discharge. Conclusion: These findings highlight the feasibility of incorporating routine, evidence-based mental health screening and interventions into trauma center services for traumatically injured children and adults.

Symposium  
Saturday, November 16  
2:00 PM to 3:15 PM  
Dartmouth/Exeter

Early Intervention in a Traumatic Injury Population: How Feasible and Effective is the State of the Art?

Early Intervention Treatment Preferences in the Immediate Aftermath of Trauma  
(Prevent, Acc/Inj-Clin Res-Clinical Practice-Pub Health, Adult, M, Industrialized)

Rothbaum, Alex, MA¹; Kline, Alexander, MA¹; Klein, Alexandra, BA (Hons)²; Baier, Allison, MA¹; Brandolino, Amber, BA³; deRoon-Cassini, Terri, PhD⁴; Feeny, Norah, PhD¹  
¹Case Western Reserve University, Cleveland, Ohio, USA  
²Case Western Reserve University, Department of Psychological Sciences, Cleveland, Ohio, USA  
³Medical College of Wisconsin, Division of Trauma & Critical Care, Milwaukee, Wisconsin, USA  
⁴Medical College of Wisconsin, Department of Surgery, Trauma & Critical Care, Milwaukee, Wisconsin, USA

PTSD is the only psychopathology with a known precipitant thus the opportunity is ripe to develop preventive interventions. While psychological debriefing is ineffective, interventions such as modified prolonged exposure therapy and opiates have shown promise. While no intervention has accumulated definitive evidence, it is important to understand what interventions patients prefer. From ongoing studies in two separate urban Level I trauma centers (N = 19, N = 44), we examined patient preferences to hypothetical early interventions. Of emergency department recruits, 21.1% preferred pharmacological intervention while 73.7% preferred a psychotherapeutic intervention. In the second sample approached after hospital admission, 11.4% preferred pharmacological intervention while 88.6% preferred psychotherapeutic intervention. Interestingly 66% who preferred psychotherapy in both samples were “extremely” confident in their choice, while none who chose pharmacological intervention were. Despite initial preference, 44.4% in both samples who preferred pharmacological interventions indicated their willingness to stay an extra hour for psychotherapeutic intervention as “very positive” if recommended by their provider. We know from PTSD treatment that patient preference is important in adherence and the cost of treatment, so it may be as important in the context of early interventions.

Symposium  
Saturday, November 16  
2:00 PM to 3:15 PM  
Dartmouth/Exeter

Early Intervention in a Traumatic Injury Population: How Feasible and Effective is the State of the Art?
1. Two RCTs of Early Modified Prolonged Exposure to Prevent the Development of PTSD in Two Trauma Hospital Settings
(Prevent, Acc/Inj-Acute-Clin Res-Clinical Practice, Adult, M, Industrialized)

Larsen, Sadie, PhD1; Post, Loren, PhD2; Hunt, Josh, PhD3; Maples-Keller, Jessica, PhD4; Geier, Timothy, PhD5; Price, Matthew, PhD6; Heyrman, Katelyn, MA2; Timmer-Murillo, Sydney, MS, PhD Student6; deRoon-Cassini, Terri, PhD7; Rothbaum, Barbara, PhD, ABPP2

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4University of Vermont, Dept of Psychology, Burlington, Vermont, USA
5University of Wisconsin Milwaukee, Milwaukee, Wisconsin, USA
6Marquette University, Milwaukee, Wisconsin, USA
7Medical College of Wisconsin, Department of Surgery, Trauma & Critical Care, Milwaukee, Wisconsin, USA

Guidelines for early interventions to prevent PTSD are in their infancy. PTSD and fear extinction models suggest that exposure-based interventions implemented in the immediate aftermath of trauma may prevent PTSD. Two RCTs (Emory & Medical College of Wisconsin) evaluated the modified prolonged exposure intervention (Rothbaum, 2014) within trauma hospital settings, targeting those who screened at high risk of developing PTSD. Treatment started within days of the injury. At MCW, 78 participants were randomized to intervention vs. treatment as usual (i.e., brief psychoeducational/supportive intervention). No significant difference was found between groups in CAPS severity at 3 months post-trauma (B=-3.83, SE=4.745, p=0.43). At Emory, 95 participants were randomized to 1- vs. 3-treatment sessions vs. assessment only. Although PSS severity declined over the 1-year follow-up period (B=-.55, SE=.25, p=0.03), there were no differences in this decline between those in the control condition and those who received 1 session (B<.01, SE=.32, p=.98) or 3 sessions of treatment (B=.15, SE=.33, p=.64). The RCTs’ ability to detect an effect was likely hampered by factors including treatment as usual/natural recovery, lack of sexual assault trauma type, and lack of discrimination in PTSD predictive screens within certain populations. Implications for early intervention research will be discussed.

Symposium
Saturday, November 16
2:00 PM to 3:15 PM
Dartmouth/Exeter

Early Intervention in a Traumatic Injury Population: How Feasible and Effective is the State of the Art?

Lessons Learned in Implementing a Trauma-Focused Intervention in a Pediatric Population after Violent Injury
(Prevent, Acc/Inj-Clin Res-Clinical Practice-Comm/Vio, Child/Adol, M, Industrialized)

Vega, Laura, DSW; Myers, Rachel, PhD
Children's Hospital of Philadelphia Violence Prevention Initiative, Philadelphia, Pennsylvania, USA

Annually in the US, nearly 500,000 youth visit an Emergency Department for treatment of injuries resulting from interpersonal violence. This medical encounter provides a novel and important opportunity to engage youth and their caregivers in services to promote psychosocial recovery. Our prior research established that nearly 70% of youth...
report moderate symptoms of post-traumatic stress shortly after violent injury and >80% self-identify mental health services as a recovery goal. Based in both research and clinical practice with violently injured youth, we have identified (a) key barriers and facilitators in providing trauma-focused interventions to youth following violent injury and (b) important practical considerations for timely delivery of interventions. This work highlights the importance of careful clinical assessment of caregiver competence and imminent physical safety needs prior to implementing early intervention. Although evidence supports caregiver participation in pediatric trauma treatment, joint caregiver-child intervention may be contraindicated, or may need to be delayed, in order to establish psychological safety. Lack of physical safety may prohibit engagement in treatment and require provision of co-occurring services to address adherence. Additional considerations for location of services and selection of evidence-based practice will be discussed.

Panel Presentation
Saturday, November 16
2:00 PM to 3:15 PM
Provincetown

Trauma-Informed Inpatient Care: Utilizing Trauma-Focused, Evidence-Based Interventions to Treat Traumatized Adolescents in Inpatient Settings
(Practice, CPA-CSA-Chronic-Clin Res, Child/Adol, M, Industrialized)

Kostova, Zlatina, PhD(c)1; Sarmiento, Ingrid, PhD2; Fulwiler, Carl, MD PhD3; Denietolis, Brian, PsyD3
1University of Massachusetts Medical School, Department of Psychiatry, Worcester, Massachusetts, USA
2TaraVista Behavioral Health Center, Devens, Massachusetts, USA
3University of Massachusetts Medical School, Worcester, Massachusetts, USA

Childhood trauma is a pervasive, global healthcare epidemic. Each year, more than 1 million youth in the US endure life altering traumatic exposures before the age of 16 (Copeland et al., 2007). Childhood trauma leads to a myriad of mental health consequences, putting adolescents at higher risk of hospitalization (Zelechoski et al., 2013). Adolescents in inpatient psychiatric settings have a greater rate of trauma exposure than the normative population, making them particularly reliant to treat. While the deleterious consequences of trauma are obvious, many practitioners feel ill-equipped to effectively address youth trauma sequelae within inpatient settings, partly because evidence-based practices (EBPs) are difficult to adapt for this population and context. The purpose of this panel is to review novel approaches to such adaptations. Having surveyed the effects of trauma on adolescent development, it will aim to demonstrate a series of innovative adaptations of EBPs for inpatient settings, including Trauma-Focused Cognitive Behavioral Therapy, Mindfulness-Based Cognitive Therapy, and Dialectical Behavioral Therapy. Presenters will discuss unique ways in which treatments can be tailored to adolescents in inpatient settings. Using multiple methodologies, they will present preliminary data on the efficacy and feasibility of each model, as well as barriers to implementation.
Panel Presentation
Saturday, November 16
2:00 PM to 3:15 PM
Fairfield

Navigating Climate Trauma: An Overview of Climate Change and Mental Health Risks, Impacts, and Adaptation Opportunities
(Global, Global-Rights-Nat/Dis-Pub Health, Lifespan, I, Global)

Augustinavicius, Jura, PhD¹; Hayes, Katie, PhD Candidate²; Recht, James, MD³; Van Susteren, Lise, MD⁴
¹Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA
²Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada
³Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, USA
⁴Private Practice, General and Forensic Psychiatry, Washington, District of Columbia, USA

This interactive panel will address current issues and future directions in the growing field of climate change and mental health. Climate change is already affecting population mental health through extreme weather events and insidious slow creeping climatic and environmental changes (Berry, Waite, Dear, Capon, & Murray, 2018). Climate change related increases in extreme weather events will heighten the risk of trauma and other mental health issues globally (Van Susteren, 2018). Existing inequalities in mental health burden and access to care will be exacerbated under these conditions exposing particular sub populations to heightened risk of adverse mental health and psychosocial outcomes. Individual and community resilience as well as health prevention and promotion efforts can play an essential role in improving mental health and climate change adaptation and mitigation (Hayes, Blashki, Wiseman, Burke, & Reifels, 2018). Drawing on the research, clinical, and policy expertise of the panelists, this panel will explore climate change impacts on trauma and other mental health concerns, individual and community resilience in the context of climate change adaptation and mitigation, and opportunities to address climate change and mental health inequities through response.

Workshop Presentation
Saturday, November 16
2:00 PM to 3:15 PM
Salon C/D

Using Data to Support the Resilience of Clinicians and Researchers Exposed to Secondary Trauma
(Self-Care, Assess Dx-Clinical Practice-Train/Ed/Dis, Prof, M, Industrialized)

Murray, Kate, PhD¹; Sullivan, Kelly, PhD²; Sprang, Ginny, PhD³
¹Center for Child and Family Health, Durham, North Carolina, USA
²Duke University Medical Center, Durham, North Carolina, USA
³University of Kentucky, Lexington, Kentucky, USA

A critical component of resilience in the wake of trauma is addressing the impact of indirect trauma exposure to the workforce of clinicians and researchers. In this interactive workshop, presenters will demonstrate research-informed assessment tools designed to address secondary traumatic stress (STS) and other constructs related to indirect trauma.
exposure. Specifically, presenters will provide examples of how the Secondary Traumatic Stress Informed-Organizational Assessment (STSI-OA) has been used as a data-driven strategy to create a blueprint for change, and to monitor progress over time in organizations attempting to address the effects of indirect exposure on their workforce. Participants will receive a copy of the tool and utilize it to create a secondary trauma response action plan. Presenters will also share research-informed assessment tools to measure the impact of indirect trauma exposure on professionals, including Maslach’s Burnout Inventory, the Secondary Traumatic Stress Scale, and a measure designed to accompany the National Child Traumatic Stress Network’s STS Core Competencies in Trauma-Informed Supervision. Psychometric and research support for these tools will be shared as well as data from a small pilot study of 113 mental health providers as an illustration of how to use these data to inform organizational policy and supervision practice.

**Oral Paper Presentation**  
**Saturday, November 16**  
**2:00 PM to 3:15 PM**  
**Suffolk**

**Flash Talks Session Six**

**Intrusive Memories and Peritraumatic Phenomena Following Disaster**  
(Assess Dx, Cog/Int-Nat/Dis-Theory, Adult, M, Industrialized)

**Massaza, Alessandro, MSc;** Brewin, Chris, PhD; Joffe, Helene, Professor  
*University College London, Department of Clinical, Educational and Health Psychology, London, United Kingdom*

Cognitive theories on PTSD hypothesize that the way memory is encoded during trauma is responsible for the characteristics of intrusive memories. What happens at the trauma, peritraumatic phenomena such as dissociation, might be key to the development of intrusive memories. We naturalistically investigated the role of peritraumatic phenomena in determining why certain moments of a trauma are encoded as intrusive memories while others are not.  

Earthquake survivors (N = 104) were asked to identify a disaster-related intrusive memory and a distressing, but non-intrusive, control memory from the disaster. If participants did not report having intrusive memories they were asked to identify the most distressing memory of the disaster. They were then asked to complete measures of the peritraumatic phenomena experienced in the moments corresponding to each memory. Moments encoded as intrusive memories were characterized by significantly higher ratings on all seven peritraumatic phenomena in comparison with the moments of the same trauma that had become non-intrusive memories. What happens during the specific moments of a trauma can be of paramount importance for the development of intrusive memories. The current study is the first to suggest this naturalistically in a community sample exposed to the same trauma with spontaneously occurring, long-term intrusive memories.

**Flash Talks Session Six**

**“Bad Thing is the Best Thing in the World”: A Qualitative Exploration of Resilience in Pregnant Teens in the Context of Cumulative Adversity and Traumatic Stress**  
(Clin Res, Chronic-Complex-Health-Intergen, Child/Adol, M, Industrialized)
Background and Purpose: The detrimental impact of Adverse Childhood Experiences (ACEs) on pregnancy has been studied with adult women but largely unexplored with teens, who are at greater risk. This qualitative study was the first to develop a grounded theory of the perceived impact of ACEs on the prenatal phase with inner-city teens.

Methods: Twenty-three semi-structured interviews were conducted with pregnant teens (aged 15-19), receiving home visiting services. Teens were asked about ACEs, prenatal health and attachment, mental health, resources, and future plans. Interviews were transcribed verbatim and uploaded to Atlas ti for thematic coding and analysis.

Findings: Two central themes emerged. First, over 80% of teens experienced ACEs; almost half, ≥ 4, and complex PTSD symptoms. Second, 75% stated that pregnancy furthered their dedication to improved health and circumstances. Analysis of co-occurring themes revealed that accruing ACEs seemed to potentiate resilience and positive views of pregnancy.

Conclusions and Implications: Findings suggested that pregnant teens, despite or perhaps due to life course adversity, expressed resilience and may view their pregnancies as a path toward a healthier life. Programmatic responses supporting pregnant teens should invite teens’ own narratives, and should utilize a trauma-informed intervention paradigm.

Flash Talks Session Six

Understanding Treatment Attitudes in the Path towards Trauma Recovery in Urban-Dwelling Trauma-Exposed Latinx Adults
(CulDiv, Commun-Cul Div-Ethnic-QoL, Adult, M, Industrialized)

Hansen, Marissa, PhD, MSSW1; Ghafoori, Bita, PhD2; Pirir, Lucia, MSW Candidate1
1California State University, Long Beach, School of Social Work, Long Beach, California, USA
2California State University, Long Beach, California, USA

Introduction: Given disparities in mental-health care for Latinxs experiencing complex trauma, identifying care priorities is important to successfully approach treatment and provide support in managing the multi-layered needs that emerge in the recovery process. The study aim is to examine the effect of functional impairment and quality of life on mental-health treatment attitudes among this population. Method: Patient level data from a community-based care setting was used to examine treatment attitudes of trauma-exposed Latinx adults (n=336). Direct effects of trauma symptoms, specifically functioning (Sheehan Disability Scale, SDS) and quality of life (WHO-QOL) on treatment attitudes using hierarchical linear regression were examined. Results: Findings revealed work and school related impairment (SDS; t= 3.12, p=.012, β=0.208) and quality of life-environmental domain (WHO-QOL; t= 2.54, p=.002, β=0.174) were associated with more positive attitudes towards mental health treatment. Post hoc analysis presented specific model differences for English-speaking Latinxs compared to monolingual Spanish-speakers. Conclusion: Results suggest early intensive support that promotes positive community connections and knowledge of resources that enhances self-sufficiency can increase perceptions of treatment value, engagement, and ultimately maximize the potential for positive outcomes.

Flash Talks Session Six

Sexual Abuse Victimization, Perceived Social Support and Mental Health Symptoms: Findings from a Representative Population Sample and a Community Sample of Childhood Sexual Abuse Survivors.
(Practice, CPA-CSA-Clinical Practice-Rape, Adult, M, Industrialized)
Cross-sectional studies have consistently found an inverse association between perceived social support (PSS) and severity of mental health symptoms among adult survivors of childhood sexual abuse (CSA), but studies investigating bidirectional associations between PSS and symptom severity longitudinally among CSA-survivors are missing. Moreover, only a few studies have examined the association between sexual abuse history and PSS levels in adulthood, and predictors of individual differences in PSS levels. Methods: In a cross-sectional study comprising 706 women (55%) and men (45%) representative of the adult Norwegian population, we examined associations of self-reported sexual abuse with PSS levels. In a three-wave longitudinal study of 506 CSA-survivors (94.9% women) recruited from support centers for sexual abuse survivors, we examined abuse-, perpetrator-, and victim related predictors of PSS levels. Finally, using cross-lagged panel analyses, we examined the directionality of longitudinal associations between PSS and mental health symptoms. Results: In the representative population sample, sexual abuse history predicted lower PSS levels. In the support center sample, several variables predicted PSS levels, and there statistically significant weak reciprocal associations between PSS and mental health symptoms across the three study waves.

Flash Talks Session Six

Mental Health in Responders to the 9/11 World Trade Center Disaster Following Hurricane Sandy: The Interaction between Sandy Exposures and Adaptive Coping
(Prevent, Chronic-Clin Res-Nat/Dis, Adult, M, Industrialized)

Gonzalez, Adam, PhD1; Mackin, Daniel, MA1; Cohen, Justin, Undergraduate2; Mahaffey, Brittain, PhD1
1Stony Brook University, Stony Brook, New York, USA
2University of Pennsylvania, Philadelphia, Pennsylvania, USA

Responders to the 9/11 World Trade Center (WTC) disaster were exposed to horrific trauma, and many continue to suffer with post-traumatic stress disorder (PTSD) symptoms and psychological distress. Adaptive coping skills may serve as a buffer against the effects of subsequent trauma. Our objective was to evaluate the main and interactive effects of Hurricane Sandy exposures and adaptive coping skills pre-Sandy in relation to Sandy-related PTSD symptoms, depression and psychological distress post-Sandy in responders exposed to both the WTC disaster and Hurricane Sandy. Participants were 497 responders (11% female; Mage=51.45±8.56). Data assessing WTC-related PTSD and adaptive coping skills were collected the year prior to Sandy, while measures of Sandy-related PTSD, depression, distress, and Sandy exposures were collected post-Sandy. Results indicated that higher levels of exposures were associated with greater Sandy-related PTSD symptoms (p<.01), depression symptoms (p=.03), and distress (p<.001). Adaptive coping skills were negatively associated with depressive symptoms (p<.01) and distress (p=.02) post-Sandy. There was a significant interaction between exposures and adaptive coping in relation to distress (p<.01). Among those with high levels of exposures, high adaptive coping pre-Sandy was associated with lower distress post-Sandy.
Nearly 60% of student veterans report challenges in balancing school and other responsibilities and up to one-third may be struggling with Posttraumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), or depression. We developed a one-credit, 10 class mind-body stress reduction program for service members and veterans. Participants were student veterans (N=62) who were mostly male (79%; n=49), unmarried (70.5%; n=44), with at least one deployment (72.6%; n=45) and a mean age of 31.8 (SD=8.0). Participants reported no changes in their perceived stress (PSS), depressive symptoms (PHQ-9), and general self-efficacy (GSE) (p>.05), but did have significant improvements in PTSD symptoms (PCL; t(32)=2.14, p=.04, d=0.37), mindfulness training and practice (CAMSR; t(22)=2.30, p=.03, d=-0.48), stress reactivity (MOCS; t(18)=2.31, p=.03, d=-0.53), as well as marginal improvements in their ability to cope (CES; t(16)=-1.93, p=.07, d=-0.46). The course was also considered feasible and acceptable as 93% reported that the course was somewhat or very relevant, 95% reported that it was somewhat or very helpful, and 95% would recommend the program to others. These data suggest that a mind-body, stress management program for student veterans is well tolerated as well as may reduce symptoms of PTSD and stress reactivity by teaching coping and mindfulness skills.

Flash Talks Session Six

A Mixed Method Examination of Medical Provider Perceptions of Sexual Assault
(Pub Health, Clinical Practice-Rape, Adult, M, Industrialized)

Taylor, Elizabeth, MS, PhD Student; Gilligan, Catherine, Medical Student; Parkhill, Michele, PhD
Oakland University, Rochester, Michigan, USA

Primary care providers play an important role in situations of sexual assault and treatment recommendations. Healthcare providers’ own perceptions about sexual assault may impact their treatment plans. Using mixed methods, we examined current medical students’ perceptions of sexual assault scenarios, their recommended treatments, and perceptions of sexual assault stereotypes. Medical students (N=93) completed a survey and read a scenario depicting sexual assault, offered a recommended treatment for the patient, and answered questions about their perceptions of sexual assault. Over a third (38.5%) of the medical students reported being very confident when asked if they could correctly identify a sexual assault patient. Male students held more negative views of sexual assault than female students (p < .05). Conservative participants were more likely to question patient safety and recommend STI testing. Conversely, liberal participants recommended patient involvement by offering patient comfort and intensive treatments for external injuries. Findings from the qualitative and quantitative can be interpreted to suggest that the medical students may not be recognizing the abuse, or they are not legitimizing it. Perceptions of sexual assault may impact treatment recommendations. Specialized training on how to provide the best care for sexual assault victims would be impactful.

Flash Talks Session Six

Trauma-Sensitive Yoga v. Cognitive Processing Therapy for Women Veterans with PTSD and Co-Morbid Depression who Experienced Military Sexual Trauma
(Clin Res, Depr-Rape-Mil/Vets, Adult, I, Industrialized)

Kelly, Ursula, PhD, RN
Atlanta VAMC/Emory University, Decatur, Georgia, USA
In this RCT, women Veterans (n=80) were recruited from out-patient clinics in a Veterans Affairs Health Care System. Participants were randomized to trauma-sensitive yoga (TSY) or cognitive processing therapy (CPT). The protocol-driven interventions were provided in weekly 60-75 minute group sessions for 10 (TSY) and 12 (CPT) weeks. Data were collected at 4 time points from baseline to 3-months post-intervention. Measures included the PCL-5, the CAPS-5, and the Beck Depression Inventory (BDI). Data analyses included group comparisons at baseline (t-tests, Mann Whitney non-parametric tests, and chi-square tests). Multilevel mixed models were used to analyze differences between the groups over time on outcome variables.

Results: PTSD symptom severity decreased (p < .001) in both groups, with progressively lower scores at each time point on the PCL-5 and CAPS-5. Depression symptom severity (BDI) also decreased significantly (p < .001) in both groups, with progressively lower scores at each time point. There were no significant differences between TSY and CPT groups in changes in PTSD and depression symptoms over time.

Conclusions: The findings support the effectiveness of TSY for PTSD and co-morbid MDD. Yoga is a cost-effective intervention that shows promise as an additional PTSD treatment option to evidence-based psychotherapy, which is not universally acceptable or effective.

Flash Talks Session Six

Predicting Long-Term PTSD Symptom Trajectories in US National Guard Soldiers Deployed to Iraq: A Prospective Study
(Assess Dx, Mil/Vets, Adult, M, Industrialized)

Polusny, Melissa, PhD\(^1\); Erbes, Christopher, PhD, ABPP\(^2\); Noorbaloochi, Siamak, PhD\(^3\)
\(^1\)Minneapolis VAHCS, Center for Chronic Disease Outcome Research, University of Minnesota Medical School, Minneapolis, Minnesota, USA
\(^2\)Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota, USA
\(^3\)Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

An unprecedented number of National Guard service members were deployed in support of the recent wars in Iraq and Afghanistan. The mental health toll of these wars has been significant, especially among National Guard troops. While studies have documented declines in mental health functioning for National Guard troops immediately post-deployment, few have studied long-term (7+ years) outcomes in this population. This presentation incorporates recent follow-up data from the Readiness and Resilience in National Guard Soldiers (RINGS) study, which collected pre-deployment assessments of risk and protective factors from 2,640 US National Guard service members (2006-2010) and assessed posttraumatic stress symptoms (PTSS) across time over four waves over the 8-10 years following their deployment. We used latent growth mixture modeling to identify individual trajectories of PTSS. Preliminary analyses revealed the best model contains 4 classes characterized by resilience (n=1,864, 70.6%), pre-existing worsening (n=100, 3.8%), pre-existing recovering (n=235, 8.9%), and worsening post-deployment onset symptoms (n=441, 16.7%). This presentation will include a discussion of risk, resilience, and treatment factors associated with each trajectory class. Implications of these findings for informing prevention and treatment of PTSS among National Guard Veterans will be discussed.
Invited Panel
Saturday, November 16
3:30 PM to 5:00 PM
Salon G

Charting a Course Forward for the Traumatic Stress Field – International Perspectives
(Global, Assess Dx-Bio Med-Comm/Int-Pub Health, Lifespan, I, Global)

Ford, Julian, PhD1; Herman, Judith, MD2; Forbes, David, PhD3; Armour, Cherie, Professor4; Mwiti, Gladys, PhD5

1University of Connecticut Health Center, Farmington, Connecticut, USA
2Cambridge Health Alliance | Harvard Medical School, Cambridge Hospital, Boston, Massachusetts, USA
3Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Carlton, Victoria, Australia
4University of Ulster, School of Psychology, Coleraine, Northern Ireland, United Kingdom
5Oasis Africa, Nairobi, Kenya

This featured panel brings to a close the 2019 International Society for Traumatic Stress Studies Annual Conference with a conversation amongst international leaders in the field about their vision for the traumatic stress studies field in the next decade. Panelists include Judith Herman, the pioneering author of the classic volume, Trauma and Recovery, that has guided and inspired thousands of professionals for three decades. From Kenya, Gladys Mwiti is the founder and director of Oasis Africa, working to heal trauma on an individual and societal level in African countries such as Kenya, Benin, and Congo. From Australia, David Forbes leads the Phoenix Australia Centre for Posttraumatic Mental Health and served as Co-Chair and lead editor of the newly released 3rd Edition of the ISTSS PTSD Treatment Guidelines. From Europe, Chérie Armour is an internationally recognized leader in advanced statistical methods for understanding the nature and lifecourse trajectory of traumatic stress. With the moderation of Julian Ford, the President of ISTSS, this group of distinguished and dedicated traumatic stress professionals will engage in a metalogue on questions such as, What are the most pressing human rights, social justice, and global security challenges to which traumatic stress researchers, clinicians, and educators should bring their expertise over the next decade? What will be the most important advances in assessment and treatment of traumatic stress in the next decade? What will be the most important advances in biological, epidemiological, and public health research and technology? What do traumatic stress professionals most need to learn by listening to and partnering with trauma survivors?
Hotel Floor Plans

Copley 3rd Floor

Copley 4th Floor