



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Concurrent Session 5

Friday, November 16
8:00 a.m. - 9:15 a.m.

LATEBREAKER

PTSD and Traumatic Head Injury: What Do We Know and Where Do We Go? (Abstract #187356)

Panel (clin res)

Kent A/B/C, 4th Floor

Bryant, Richard, PhD¹; Vasterling, Jennifer J., PhD²; Hoge, Charles W., MD³; Harris, Janet⁴

¹University of New South Wales, Sydney, New South Wales, Australia

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

³Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Washington, District of Columbia, USA

⁴Army Nurse Corps, Fort Detrick, Maryland, USA

Given the media attention, funding opportunities and attention dedicated to understanding the relationship between PTSD and Traumatic Brain Injury (TBI) in military settings, this late-breaking panel will synthesize information about TBI and PTSD. Hoge will present on PTSD and TBI among soldiers and discuss the challenges in how the military and VA are screening and treating these conditions. Vasterling will present data from a prospective study of Iraq-deployed Army soldiers illustrating the relationship between neuropsychological performance and PTSD. She will emphasize clinical implications of understanding head injury in PTSD. Bryant, focusing on civilians, will discuss the nature and treatment of PTSD following TBI outside the military context. Dr. Harris would provide a context for understanding the Congressional Directed Medical Research Programs TBI and PTSD program. Panelists will synthesize research and clinical perspectives from biological and psychosocial models.

Developing Mentor Relationships in Psychology (Abstract #180075)

Panel (train)

Waterview C/D, Lobby Level

Charvat, Mylea, MS¹; Schnurr, Paula, PhD²; Keane, Terry, PhD³; Kaloupek, Danny, PhD⁴; Monson, Candice, PhD⁵; Newman, Elana, PhD⁶

¹PGSP & National Center for PTSD, Menlo Park, San Francisco, California, USA

²VA Medical and Regional Office Center, White River Junction, VT, White River Junction, Vermont, USA

³VA Boston Healthcare System & Boston University, Boston, Massachusetts, USA

⁴VA Boston Healthcare System, Boston, Massachusetts, USA

⁵VA National Center for Posttraumatic Stress Disorder, Boston, Massachusetts, USA

⁶University of Tulsa, Tulsa, Oklahoma, USA

Research reveals that students who experience a positive mentoring relationship are more likely to benefit from early career advancement and satisfaction than students who do not receive such mentorship. While programs in graduate clinical psychology prepare students for their roles as researchers and practitioners, most graduate programs do not focus on helping students seek and identify positive mentoring relationships beyond the dissertation chair-advisee relationship. Mentorship can be differentiated between two types of assistance: instrumental and psychosocial. Instrumental help includes coaching, sponsorship, exposure, and opportunities for career advancement such as publication and presentation. Psychosocial help includes role modeling, empathizing, and counseling.

In seeking mentorship or deciding to become a mentor important considerations should be addressed.

- Type of mentorship sought: instrumental, psychosocial or both
- Communication style & personality factors
- Fit between mentor's profession track & protégé's career goals

The panel will include discussion and skills education on:

- Benefits of being mentored
- Identifying and approaching potential mentors
- How to be a productive and cooperative protégé (accepting feedback)
- Setting boundaries in the mentorship relationship
- Mentoring younger professionals while being mentored

This session does not offer CME credit.

Cultural Adaptations to Complex Trauma Treatment with Children and Adolescents (Abstract #179903)

Panel (child)

Waterview A/B, Lobby Level

Lanktree, Cheryl, PhD¹; Bryant-Davis, Thema, PhD²; Saltzman, William, PhD³; Jones, Russell, PhD⁴

¹MCAVIC-USC Child and Adolescent Trauma Program, Long Beach, California, USA

²Counseling, California State University, Long Beach, California, USA

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

⁴Psychology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

This panel will discuss the cross-cultural adaptations of three complex trauma interventions for culturally diverse children, adolescents and their families. Presentations will include treatment outcome data and case studies supporting these treatment models and will focus on strategies for the prevention of further trauma exposure and long-term trauma-related reactions. The first presentation will describe Integrative Treatment of Complex Trauma (ITCT), an empirically-based approach for culturally diverse, disadvantaged, high risk children and adolescents who have been multiply traumatized by child abuse, family and community violence, loss, and medical trauma. The second presentation will include a qualitative and quantitative analysis of a cross-cultural application of the ITCT model in a school-based program conducted at alternative ("storefront") school settings. Treatment outcome data and information from semi-structured interviews will be presented. The third presentation will describe how a trauma-focused family program (FOCUS: Families Overcoming and Coping Under Stress) was adapted for culturally diverse families dealing with medical trauma. A case study will be presented with outcome data supporting the effectiveness of this program. The discussant will review these presentations and elaborate on the importance of cross-cultural issues in trauma treatment.

Web-based Interventions for the Prevention and/or Treatment of PTSD (Abstract #179470)

Symposium (disaster)

Dover A/B/C, 3rd Floor

Olf, Miranda, MA, PhD¹; Mouthaan, Joanne, MA²; Kassam-Adams, Nancy, DR³; Kuhn, Eric, PhD⁴; Winston, Flaura, MD, PhD⁵; Sijbrandij, Marit, MA PhD⁶; Christophe, Herbert, PhD, MA⁷; Ruzek, Josef, PhD⁸; Benight, Charles, PhD⁹; Cordova, Matthew, PhD¹⁰; Brunet, Alain, PhD¹¹

¹Academic Medical Center Amsterdam, Amsterdam, Netherlands

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

³MIRECC, NCPTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

⁴Psychiatry, McGill University, Verdun, Quebec, Canada

⁵National Center for PTSD, Menlo Park California, USA

⁶UCCS, Colorado Springs, Colorado, USA

This symposium presents information on Web-based early interventions for the prevention or treatment of PTSD. The internet provides an excellent tool to reach large numbers of trauma survivors who may experience stress reactions including those who are not in the position or who may be reluctant to use mental health services.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Preventing PTSD Online: A Web-Based Multimedia Early Intervention for Injury Patients

Growing randomized clinical trial evidence suggests that cognitive behavioural techniques delivered in the first days and weeks after injury can prevent the development of chronic PTSD. Based on cognitive behavioural techniques, we have developed a brief multimedia intervention. It is an internet-based programme containing interactive elements and visual and auditory materials. The early intervention aims to reduce acute psychological distress and long-term symptoms of PTSD in trauma victims. The following core and elective modules are included: psychoeducation, self-directed exposure exercises, cognitive restructuring and stress management. We conducted a pilot study in which we included five injured Trauma Unit patients of a Level I Trauma Center in Amsterdam and five matched controls. Participants received the intervention at 2-8 days post-trauma. We measured state anxiety with an online questionnaire immediately before and after the intervention. PTSD symptoms were assessed using a clinical interview before the intervention and at one month post-trauma. In this presentation we will discuss the results of the pilot study.

Developing a Secondary Prevention Web Site for Parents of Injured Children

'After the Injury: Helping Parents Help Their Kids' is a newly developed Web site for parents of injured children. It aims to provide practical information about recovery after injury (including traumatic stress and other reactions) and promote optimal coping assistance by parents. The site includes a brief video on what to expect after injury and how parents can help. A set of interactive tools allows parents to get information on common concerns (sleep, pain, how siblings are reacting), assess their child's (and their own) traumatic stress reactions, identify ways to help targeted to the problems they identify, and create a personalized Coping Plan for helping their child. In developing the Web site we have endeavored to build on available evidence regarding child traumatic stress, parent responses, and effective secondary prevention. Parent feedback and usability testing were incorporated throughout the development process. Next steps include evaluating the site's effectiveness in increasing parent awareness and provision of effective coping assistance, testing dissemination methods, and building related web modules for injured children and adolescents.

Novel Approaches in the use of Internet in The Field of Traumatic Stress: Info-Trauma

Using the Internet in Trauma-Related Education and PTSD treatment When trauma strikes a community or a country, preparedness is a key issue. To that effect, the internet can be useful in many different ways. A classical approach involves disseminating printed or audiovisual information on symptoms and their management. Other more recent approaches include on-line diagnosis, Web-based secondary or tertiary prevention, interactive e-learning for mental health professionals, and ready-to-use toolboxes for first-line responders in a disaster situation. In this presentation, we will present the conceptual development of Info-trauma, a Web site which uses the internet to offer a number of such modules and services traumatized individuals, those who love them, and those who provide professional care.

Journey to Trauma Recovery: A Self-Help Web site for Posttraumatic Stress Reactions

"Journey to Trauma Recovery" is a self-help Web site designed using cognitive-behavioral principles to help recently traumatized individuals understand, manage, overcome, or consider seeking professional help for their posttraumatic reactions. Users begin with a self-assessment of posttraumatic stress reactions, depression, social support, and trauma coping self-efficacy. Based on the assessment, the Web site provides a personalized homepage where users are given graphical feedback on their distress and coping self-efficacy and an individualized travel plan of "destinations of recovery" (self-

help modules) that would be most helpful for them to visit. Destinations of recovery include: reducing physical tension (muscle relaxation, paced breathing, and positive imagery), managing triggers (cued reexperiencing and memories), challenging negative thinking, enhancing social support, avoiding unhelpful ways of coping, and deciding whether to seek face-to-face counseling. Users can create an account so they can track their recovery and begin each visit where they left off during their previous visit. We will present preliminary usage information provided by survivors of a natural disaster and a school shooting. We also will present findings from a study of recently hospitalized trauma survivors regarding their attitudes about Web-based self-help for posttraumatic reactions.

Linguistic Considerations in the Treatment of PTSD (Abstract #179598)

Symposium (practice)

Grand Ballroom I and II, 3rd Floor

Grunert, Brad, PhD; Morschauer, Steven, MA²; Woods, April, BA³

¹Plastic Surgery, Medical College of Wisconsin, Milwaukee, Wisconsin, USA

²Clinical Psychology, Cardinal Stritch University, Milwaukee, Wisconsin, USA

³Psychology, University of Wisconsin, Milwaukee, Wisconsin, USA

This symposia will examine the impact of language on the treatment of PTSD. Research on the effects of bilingualism and the role of interpreters in the treatment of PTSD will be presented. Underlying neurocognitive mechanisms of language and processing in PTSD will be discussed.

Using Primary versus Secondary Language in Treatment for Bilingual PTSD Clients

This study evaluated the response to prolonged imaginal exposure for PTSD of twenty monolingual (English-only) clients to twenty bilingual clients (English as a second language). Each client had sustained a mutilating hand injury and subsequently developed PTSD. All clients initially received treatment in English. Following this, the bilingual clients underwent treatment in their primary language. All clients were assessed using the Beck Depression Inventory, the State-Trait Anxiety Inventory (State subscale only), the Impact of Events Scale, the Subjective Units of Distress Scale, and a 0-10 rating scale for Imagery Vividness pre- and post-treatment as well as at six-month followup. The response to prolonged imaginal exposure was significantly greater for the monolingual group as compared to the bilingual group when treatment was conducted in English. When the treatment was conducted in the primary language for the bilingual group, their response was comparable to the monolingual group. Both groups described the imagery of the trauma as being highly vivid in their primary language but the bilingual group described it as significantly less vivid in their secondary language. This indicates that the emotional activation necessary to facilitate habituation and affective reprocessing may best be accomplished by using the primary language of traumatized clients in treatment.

Interpreters in the Treatment of PTSD in Non-English Speaking Clients

This study evaluated the effects of using interpreters with non-English speaking clients to facilitate the treatment of PTSD following mutilating limb injuries. Thirty clients, who were non-English speaking, were compared to thirty clients who spoke English as their primary language. All clients were treated with prolonged imaginal exposure (PIE). Clients were evaluated with the Beck Depression Inventory (BDI), the Subjective Units of Distress Scale (SUDS), a 0-10 Rating of Imagery Vividness (RIV) and a weekly count of flashbacks at pre-treatment, post-treatment, and at six month follow-up. Data was collected for the total length of each session as well as the total number of sessions for each client. The results demonstrate comparable treatment effects on all measures for both groups. The use of interpreters resulted in an increase in the average length of treatment sessions and a greater average number of treatment sessions. This appeared to be due to the



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Friday: 8:00 a.m. – 9:15 a.m.

increased amount of time required for the interpretation from one language to another. Despite the fact that interpretation delayed the processing of verbal information during the sessions, clients reported comparable vividness of their trauma images to those who were treated in their primary language. The use of interpretation appears to be a viable option when a primary language therapist is not readily available.

Neurocognitive Mechanisms of Linguistic Encoding and Processing in PTSD

The purpose of this presentation is to review the current literature regarding neurocognitive mechanisms which may impact on the use of language in PTSD treatment. Processes examining the encoding of language and affect in relation to trauma memories will be presented. Current imaging studies relevant to the processing of PTSD and its relationships to emotional activation will be discussed. Mechanisms incorporating emotional activation and reprocessing as they relate to language formulation and encoding will also be examined. Implications for the treatment of PTSD in primary and secondary languages will be presented. Areas of future research in imaging to delineate linguistic encoding and processing as they relate to trauma and traumatic memories will be proposed.

Basal Functioning, Pharmacological and Psychological Challenging of the HPA Axis in PTSD (Abstract #179978)

Symposium (biomed) Grand Ballroom IX and X, 3rd Floor

Meewisse, Mariel, MSc; Elzinga, Bernet, DR²; De Kloet, Carien, DR³

¹Psychiatry, Center for Psychological Trauma, Amsterdam, Netherlands

²University of Leiden, Amsterdam, Netherlands

³Military Psychiatry, Central Military Hospital, Utrecht, Netherlands

Lower basal levels of cortisol in PTSD are found only under certain conditions and depend on study group and design. Pharmacological and psychological challenge of the HPA axis gives insight in reactions to stressors. Do specific subgroups within PTSD exist and should we use well-matched controls when studying the HPA axis?

Cortisol and Posttraumatic Stress Disorder in Adults: a Systematic Review and Meta-Analysis

Background: Posttraumatic Stress Disorder (PTSD) has inconsistently been associated with lower levels of cortisol.

Aims: To compare basal cortisol levels in adults having current PTSD with nonpsychiatric individuals.

Method: Standardized Mean Differences (SMD) were calculated and random effects models using inverse variance weighting were applied.

Results: Across 37 studies 828 subjects with PTSD, and 800 nonpsychiatric controls did not differ in cortisol levels (pooled SMD=-0.12, 95 percent CI=-0.32 to 0.080). Subgroup-analyses revealed that studies assessing plasma or serum had significantly lower cortisol levels in subjects with PTSD when compared with non-exposed controls. Also, lower cortisol levels were found in subjects with PTSD in studies including solely females, in studies on physical or sexual abuse, and in afternoon samples.

Conclusions: Low cortisol levels in PTSD are only found under certain conditions. Future research should disentangle whether low cortisol is related to gender or abuse and depends on methods used.

HPA Axis Regulation in Veterans with and Without PTSD

Introduction: Numerous studies report on HPA axis functioning in PTSD, but the question remains if reported alterations are related to the presence of PTSD or to trauma exposure in general.

Methods: HPA-axis functioning was assessed using pharmacological and nonpharmacological paradigms in a sample of traumatized veterans with and without PTSD, matched on age, year and region of deployment. Age-matched nonmilitary controls were included as well.

Results: Assessment of the awakening cortisol response (ACR)

showed a flattening of the ACR in both veterans with and without PTSD. The 4 pm 0.5 mg dexamethasone suppression test (DST) showed enhanced salivary cortisol suppression in veterans with PTSD (p=0.04) and without PTSD (p=0.002) compared to controls. DEX-CRH test did not show significant differences between veterans with (n=26) and without PTSD (n=23), but it did differentiate between PTSD with (n=13) and without comorbid MDD (n=13). The cognitive stress challenge showed an exaggerated ACTH response in veterans with PTSD compared to veterans without PTSD.

Conclusions: Enhanced cortisol suppression in response to DST, as well as flattening of ACR seems not related to PTSD but to trauma exposure or other military related factors. DEX-CRH results suggest subgroups within PTSD. This study stresses using well matched trauma controls when studying the neurobiology of PTSD.

The Role of Early Adverse Events on Cortisol Responses to Psychosocial Stress

Background: Animal and human studies have found that early adverse events can result in an altered reactivity of the HPA-axis. The aim of the present study was to investigate the role of early adverse events on cortisol reactivity to psychosocial stress in young healthy subjects (study 1) and in patients with anxiety disorders (e.g., PTSD and Social Phobia, study 2). **Methods:** Salivary cortisol levels were measured before, during and after exposure to a psychosocial stress task in healthy controls (n=80), patients with PTSD (n=20), and Social Phobia (n=20). **Results:** A significant blunted cortisol response was found in individuals with a history of adverse events compared to individuals with no adverse life events, with no differences in baseline cortisol levels. Moreover, in a regression analysis the number of early life events was a significant predictor of cortisol area under the curve increase (AUCi). In the patients, in contrast, early adverse events were associated with increased cortisol reactivity to psychosocial stress. **Conclusions:** These findings suggest that early childhood events may have a chronic impact on HPA axis reactivity depending psychopathological status, with blunted cortisol levels in subjects who did not develop a psychiatric disorder, and enhanced cortisol levels in patients with anxiety disorders

Adolescent Physical Abuse Exposure and Young Adult Outcomes (Abstract #179674)

Symposium (assess) Grand Ballroom VII and VIII, 3rd Floor

Sunday, Suzanne, PhD¹; Kaplan, Sandra, MD¹; Labruna, Victor, PhD¹; Pelcovitz, David, PhD²

¹Psychiatry, North Shore-LIJ Health System, Manhasset, New York, USA

²Education, Yeshiva University, New York, New York, USA

This symposium will present a ten-year follow-up study of young adults, documented as physically abused during adolescence, and matched comparison subjects. The methodology and demographics, and data concerning adult psychopathology, intrafamilial violence, and psychopathy will be presented and implications on resilience will be discussed.

Adolescent Physical Abuse Exposure and Young Adult Outcomes: A Ten-Year Follow-up Study

More than 15 years ago, our research group conducted an extensive NIMH-supported study of 99 physically abused (documented by New York State Department of Social Services) middle-class adolescents and a matched comparison group of 99 non-abused adolescents. We have recently completed the second wave of data collection on 67 of the young adults in the abused group and 78 in the comparison group, supported by an NIMH grant. This sample of young adults will be described and contrasted with those in the original study. The methodology and demographic profiles of these young adults will be presented.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Adolescent Physical Abuse Mediates Young Adult Psychopathology

Numerous researchers have reported increased rates of psychopathology in both community and clinic adult samples who self-reported child maltreatment (e.g. MacMillan et al., 2001). We examined the relationship between abuse history and psychopathology among our cohort of non-clinic referred young adults who were documented as physically abused in adolescence and in the matched comparison group. Subjects were interviewed using SCID I for DSM-IV. The abuse group had significantly more of the following than the comparison group: presence of any Axis I disorder, mean number of Axis I disorders, presence of an affective disorder, presence of any anxiety disorder, alcohol dependence and drug dependence. The abuse group did not show elevations for all Axis I disorders; for example PTSD, eating disorders, and somatoform disorders were present to the same degree for both groups. Logistic models of affective disorders, anxiety disorders, and alcohol/drug dependence and the impact of abuse history and interactions with abuse history and gender will be presented and discussed.

The Impact of Adolescent Physical Abuse on Intrafamilial Violence

Adolescents who experience child maltreatment have been reported to be two to three times as likely to abuse their own children as their non-abused counterparts (Ross, 1996). To examine the impact of adolescent physical abuse on risk of abusing their own children, young adults who were physically abused during adolescence and comparison subjects completed the Child Abuse Potential Inventory (Milner, 1987). The abuse group showed an increased potential to abuse their own children, especially for women in that group who have had their own children. Childhood physical abuse has also been associated with higher rates of violent adult romantic relationships and domestic violence. A questionnaire assessing frequency of physically and psychologically aggressive acts perpetrated toward and received from a romantic partner was administered. Abuse group men reported being victims of intimate partner violence at elevated levels as compared with the other groups. The abuse group was more likely to perpetrate physical and psychological abuse toward an intimate partner with abused women most likely to have perpetrated physical violence. This may increase the likelihood that women who were physically abused during adolescence will expose their own children to domestic violence. The implications of these behaviors and attitudes will be discussed.

Psychopathy and Antisocial Behavior in Young Adults who were Physically Abused as Adolescents

Child maltreatment is considered a strong risk factor for conduct disorder in childhood and adolescence and antisocial behavior problems and increased aggressive behaviors in adulthood. We examined antisocial personality disorder (SCID II), psychopathy (Psychopathic Personality Inventory (PPI) -Lilienfeld & colleagues 1996, 1998, 2000), and moral disengagement (Bandura) in the young adults who were physically abused during adolescence and in the comparison group. A history of documented physical abuse, even though fairly mild without the added problems of poverty, was associated with alterations in aggressive behaviors. Despite elevations in conduct disorder symptoms during adolescence, and for abused men antisocial symptoms during adulthood, the abuse group had a fairly low rate of serious, sustained antisocial behaviors in adulthood - the differences in this group appear to be more subtle. The abuse group was more callous and guiltless and more likely to blame others for their (the respondent's) problems and rationalize their own negative behaviors. The abuse group was more likely to "blame the victim" which could encourage the acceptance of violence towards themselves and others. There were clear sex differences placing the young men in the abuse group at the greatest risk of acceptance and practice of aggressive behaviors.

How ISTSS Can Make a Difference: The Work of the Public Policy Committee (Abstract #179575)

Workshop (culture)

Laurel C/D, 4th Floor

Friedman, Matthew, MD¹; Elmore, Diane, PhD²; Gerrity, Ellen, PhD³; Turner, Stuart, MD⁴

¹National Center for PTSD, White River Junction, Vermont, USA

²Public Interest Government Relations Office, American Psychological Association, Washington, District of Columbia, USA

³Duke University Medical Center, The National Center for Child Traumatic Stress, Bethesda, Maryland, USA

⁴Refugee Therapy Centre, Trauma Clinic Chair, London, United Kingdom

Scientists and practitioners with an expertise in trauma can add a tremendous amount to the global public policy debate. In recent years, ISTSS and its members have placed increasing importance on the role that the organization can play in the public policy arena. These efforts include sharing relevant research, practical experience, and policy recommendations with the United Nations, the U.S. Congress and federal agencies, and the public at large. This presentation will highlight the ways in which ISTSS members can utilize their expertise in trauma to inform and influence the public policy process. A brief history of the ISTSS Public Policy Committee will be presented and members of this committee will share strategies for successful advocacy using examples from recent committee efforts. Specifically, organizational policy initiatives regarding the health of service members/veterans, torture, and emergency preparedness will be discussed. In addition, opportunities for ISTSS members to become involved in organizational and individual policy activities will be highlighted. Participants will also be encouraged to utilize this session as an opportunity to share their public policy interests and ideas with members of the ISTSS Public Policy Committee.

Surviving the Aftermath: A Sensorimotor Approach to the Hidden Wounds (Abstract #179517)

Workshop (practice)

Grand Ballroom VI, 3rd Floor

Ogden, Pat, PhD¹; Steele, Kathy, MS²

¹Sensorimotor Psychotherapy Institute, Boulder, Colorado, USA

²Private Practice, Metropolitan Counseling Services, Atlanta, Georgia, USA

The profound effects of current and past wars leave none of us unscathed. The cost of surviving the aftermath of war will be paid by our veterans, their loved ones, their communities and their countries for decades to come. While a prerequisite for the recovery of the individual, and the restoration of social order includes telling the truth about unspeakable atrocities, the very act of remembering commonly exacerbates symptoms. In this workshop, understanding of trauma-related dissociation and somatic approaches to treatment that are precise, relevant and valuable for modern research and clinical practice will be emphasized. Early application of these interventions may prevent further development of a chronic mental disorder and other serious health consequences, as well as social and societal effects. Concepts will be illustrated through footage of traumatized WWI soldiers, and video-taped excerpts of therapy with a contemporary war veterans. Topics such as working with memories of combat and torture, profound change in meaning and belief, and retriggering of symptoms by current events will be addressed. While this workshop focuses on war-related issues, the interventions taught can be applied to any type of trauma.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Treatment of Military Related PTSD: From Initial Screening to Trauma Focused Psychotherapy (Abstract #179554)

Workshop (practice)

Harborside D, 4th Floor

Martel, Dana, MSW¹; Richardson, Don, MD¹; Gifford, Shannon, PhD¹

¹*Operational Stress Injury Clinic, Parkwood Hospital, St. Joseph's Health Care, London, Ontario, Canada*

To address the lack of resources for treating operational stress injuries in Canada, Veterans Affairs Canada collaborated with local communities to establish Operational Stress Injury (OSI) Clinics across Canada. Using case illustrations, this presentation will explore the clinical presentation of military related PTSD and review critical stages of treatment, with a focus on stabilization. The presentation will also examine treatment outcome in a group of peacekeepers with PTSD who completed psychiatric rating scales prior to admission to an OSI clinic and regularly during treatment at three, six and 12 months.

Research Methods to Inform the Development of Trauma-Informed Systems for Children and Adolescents (Abstract #179853)

Workshop (assess)

Harborside E, 4th Floor

Berson, Ilene, PhD¹; Dollard, Norin, PhD¹; Lazear, Kathy, MA¹; Vergon, Keren, PhD¹

¹*University of South Florida, Tampa, Florida, USA*

This workshop describes three research methods implemented to advance trauma informed systems at the county and state levels within the state of Florida. The first presentation will focus on the development of a logic model to guide process and outcome indicators that can inform practice and policy for a system of care servicing young children and their families who are involved with the child welfare system. The second presentation explores use of a case study methodology (i.e., record reviews and interviews with multiple key informants) to describe Florida's current trauma-informed service provision and guide the development of training curricula to expand capacity for statewide implementation. The workshop concludes with a description of the use of Markov models to examine movement across multiple service sectors of children and adolescents who have experienced trauma. The three examples of mental health services research represent diverse methods for translating research into practice and policy decisions with the shared goal of fostering best practices for trauma-informed care of children.

Implementing TF-CBT in a Statewide System of Care: The Learning Collaborative Methodology (Abstract #179929)

Workshop (commun)

Laurel A/B, 4th Floor

Franks, Robert, PhD¹; Berkowitz, Steven, MD¹

¹*Yale University, New Haven, Connecticut, USA*

The Connecticut Center for Effective Practice (CCEP), an operating entity of the Child Health and Development Institute, was created through an innovative partnership among key stakeholders in Connecticut, including the Connecticut Department of Children and Families (DCF), the Judicial Branch's Court Support Services Division (CSSD), the University of Connecticut Health Center (UCHC) Department of Psychiatry, the Yale Child Study Center (YCSC), and The Consultation Center (TCC) at Yale University. Over the course of the three years, CCEP is serving as the coordinating center for the Connecticut Trauma-focused CBT Learning Collaborative (LC). The learning collaborative has been adapted from NCTSN's established methodology that has been demonstrated in other such initiatives for TF-CBT nationally. Outcome data is being collected pre- and post-treatment (following session 12) and will include the following domains: 1) trauma exposure, 2) trauma symptoms, 3) symptoms of depression, 4) model fidelity, 5) parent satisfaction and 6) monthly activity. This presentation will provide an overview of preliminary results of the implementation and discuss barriers, challenges and successes associated with implementing an evidence-based trauma-focused treatment within a statewide system of care.

9/12: From Chaos to Community (Abstract #176817)

Media Presentation

Grand Ballroom III and IV, 3rd Floor

Ochs, Jacki, BFA¹; Styron, Susanna, MFA¹; Marshall, Randall, PhD²

¹*Eleventh Hour Films, New York, New York, USA*

²*New York State Psychiatric Institute, New York, New York, USA*

"9/12: From Chaos to Community" is a 60-minute documentary film about a community of people that grew out of the volunteer effort at Ground Zero in New York City after the World Trade Center attacks. In the wake of the disaster, traumatized New Yorkers from all walks of life felt compelled to overcome their sense of powerlessness by volunteering to help out in the recovery effort. They brought in supplies, set up relief stations, and for ten months fed and cared for the recovery workers. Many deep and unexpected - even unlikely - relationships developed as people forged unusually powerful bonds around their shared experience. Using cinema verite footage, interviews and archival photographs, the film traces the relationships between people who are coping with the trauma of large-scale disaster by taking action and reaching out to others. Through their stories we present a portrait of the city within a city that was Ground Zero, and examine how an extremely diverse group of people transcended politics and culture in an effort to heal their city and themselves. "9/12" is a vibrant, moving, sometimes funny, sometimes painful portrayal of hope and healing in the wake of disaster.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Concurrent Session 6

Friday, November 16

9:30 a.m. - 10:45 a.m.

Early Intervention Following Assaults and Motor Vehicle Accidents (Abstract #179577)

Master Clinician (practice)

Harborside E, 4th Floor

Bisson, Jonathan, DM¹

¹Psychological Medicine, Cardiff University, Cardiff Wales, United Kingdom

During this presentation two hypothetical scenarios will be considered of individuals traumatised by their involvement in an assault and a motor vehicle accident. Approaches to providing initial support, detecting more problematic reactions and then providing a brief trauma-focused cognitive behavioural intervention will be described. The presentation will consider issues such as appropriate assessment of individuals, tailoring interventions to an individual's needs and combining evidence-based approaches when co-morbidity occurs. It will also consider the clinician's role in liaising with other agencies/services to ensure that survivors of assaults and motor vehicle accidents needs are adequately catered for.

What Every Mental Health Professional Should Know About Crime Victim Compensation (Abstract #186814)

Panel (commun)

Grand Ballroom VI, 3rd Floor

Kilpatrick, Dean, PhD¹; Eddy, Dan²; Seymour, Anne³

¹Medical University of South Carolina, Charleston, South Carolina, USA

²National Association of Crime Victim Compensation Boards, Alexandria, Virginia, USA

³The Crime Victims Report Washington, District of Columbia, USA

In 1984, the U.S. Congress enacted the Victim of Crime Act (VOCA). Part of VOCA was a federal funding stream to states that reimburses them for costs associated with providing mental health services to victims of crime. Crime Victim Compensation programs have been established in each state and all of these programs pay mental health providers who treat eligible victims for crime-related mental health problems. Crime Victims Compensation can be a funding source to pay for mental health counseling.

The goal of this presentation is to familiarize mental health professionals with relevant laws, regulations, and contact information about crime victim compensation programs in the United States, as well as how to collaborate with victim advocates to insure that victims have access to quality mental health services for their crime-related mental health problems. Participants will include Dan Eddy, Executive Director of the National Association of Crime Victim Compensation Boards; Anne Seymour, who is an experienced victim advocate; and Dr. Dean Kilpatrick who is both a mental health professional and the Chair of the Crime Victims' Advisory Committee for the South Carolina State Office of Victim Assistance, which houses the state's crime victim compensation.

Washington Perspectives: Federal Initiatives for Trauma Prevention and Early Intervention (Abstract #179921)

Panel (culture)

Kent A/B/C, 4th Floor

Dodgen, Daniel, PhD¹; Kaul, Rachel, MSW²; Keeney, Michelle, PhD, JD³; Kleiman, Matthew, MSW⁴; Nolan, Catherine, MSW⁵

¹Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Washington, District of Columbia, USA

²Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland, USA

³Science and Technology Directorate, U.S. Department of Homeland Security, Washington, District of Columbia, USA

⁴Division of Immigration Health Services, U.S. Department of Homeland Security, Washington, District of Columbia, USA

⁵Office on Child Abuse and Neglect, Administration on Children and Families, Washington, District of Columbia, USA

As public awareness about the mental health consequences of traumatic events has increased, U.S. federal government agencies have

responded by incorporating this awareness into new or existing initiatives. While certain US federal research and treatment programs focusing on PTSD and related conditions are familiar to many trauma researchers and clinicians, other U.S. federal programs remain less visible. In particular, professionals who work in trauma may be less aware of the work of U.S. federal agencies whose mission is less specifically focused on mental health services and research. This panel will provide information about some of these efforts and how they fit into the theme of prevention of trauma and its effects. Examples include community child abuse prevention, suicide prevention for detained immigrants, early assessment for communities struck by catastrophic events, and pre-clinical disaster mental health services. Panelists represent a range of federal agencies. The panel will address research, practice, and policy implications of this work.

Comorbid PTSD and Substance Abuse: Integrating Treatments, Setting Goals, and Negotiating Obstacles (Abstract #179619)

Panel (practice)

Grand Ballroom I and II, 3rd Floor

DeViva, Jason, PhD¹; Batten, Sonja, PhD²; Najavits, Lisa, PhD³; Quimette, Paige, PhD⁴; Walsler, Robyn, PhD⁵

¹Department of Veterans Affairs, Baltimore, Maryland, USA

²United States Department of Veterans Affairs, Baltimore, Maryland, USA

³United States Department of Veterans Affairs, Boston, Massachusetts, USA

⁴Department of Veterans Affairs, Syracuse, New York, USA

⁵Department of Veterans Affairs, Menlo Park, California, USA

Research consistently shows higher rates of substance-use disorders (SUDs) among individuals with posttraumatic stress disorder (PTSD) than in the general population. PTSD and SUDs have been demonstrated to be mutual risk factors (Brady, 2001; Stewart, 1996), and SUDs also increase likelihood of trauma exposure trauma (Tarrier & Sommerfield, 2003). Historically, PTSD treatment programs have required that substance-use problems be resolved before providing PTSD treatment. However, research indicates that presence of PTSD significantly impairs efforts to treat SUDs (Najavits et al., 2005; Quimette et al., 1997). Recently, mental health professionals have realized that PTSD and SUDs are often interrelated, and the focus has shifted to developing treatment programs addressing both symptoms sets in a coordinated fashion. This panel, composed of experts in the treatment of comorbid PTSD and SUDs, will discuss the characteristics of PTSD and SUDs that complicate treatment, how to determine which treatment goals to prioritize, and criteria for shifting treatment focus. Panelists will review integrated treatment approaches and will discuss the extent to which treatments can or should be integrated. Panelists will also discuss how treatment integration may prevent further traumatization. Case vignettes will be used to illustrate differences in approaches and diversity issues.

The Intergenerational Effects of Trauma: Lessons From Holocaust Survivor Families (Abstract #179850)

Symposium (disaster)

Dover A/B/C, 3rd Floor

Kliger, Hannah, PhD¹; Isserman, Nancy, PhD²; Raizman, Lucy, MSW³; Goldenberg, Jennifer, MSW⁴; Hollander-Goldfein, Bea, PhD⁵

¹Pennsylvania State University, Abington, Pennsylvania, USA

²Temple University, Wynnwood, Pennsylvania, USA

³Jefferson Medical College, Doylestown, Pennsylvania, USA

⁴Jefferson Medical College, Orono, Maine, USA

⁵Jefferson Medical College, Philadelphia, Pennsylvania, USA

Findings from the Transcending Trauma Project show the contributions of new methodologies for studying communication about trauma within families, to provide a more balanced profile of trauma survivors and to offer a new theoretical lens on trauma and its aftermath.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Innovative Qualitative Methods for Working with Large Datasets

Due to the labor-intensive methodology that gives qualitative research its scientific rigor, proponents of this approach advocate for the utilization of small samples. However, when studying the intergenerational transmission of trauma in three generations of Holocaust survivor families, we found that the data generated by a small sample was insufficient to understand familial patterns across generations. The Transcending Trauma Project (TTP) is a large, qualitative research project consisting of 275 in-depth psychosocial life narratives of survivors and their families from 50 intergenerational families. To analyze the TTP data, we developed a new process, the Triad, and created new instruments, the Protocol of Analysis for In-Depth Interviews and the Synopsis, to help us identify and track patterns and findings within the families and across the sample of families. The Triad, serving as the primary vehicle to analyze the data, relied on analysis from multiple perspectives of different team members. Further, the analysis process is summarized in the Synopsis, a records of the main themes of the interview and of the analysis discussions. This approach attempts to address a void in the literature on qualitative methodology and the study of trauma.

Memory and Meaning in Pivotal Survivor Narratives

The impact of key narratives told by survivors and heard by their children and grandchildren becomes evident when survivors' life histories are collected with a focus on how they rebuilt their lives and the ways in which their beliefs and values affected their will to live and to start over. As survivors' narratives are heard within the family, their stories about traumatic events teach the listeners more than just how to cope with trauma, but more broadly how to be in the world. The listener, in turn, selects, remembers and internalizes the stories which later may translate into life lessons. From the in-depth interviews conducted by the Transcending Trauma Project, we learn from children of survivors listening to the experience of survivor parents that they are hearing not only what the parent went through; they are also hearing who the parent or grandparent is. When a particular attribute of a survivor parent is clear and emotionally compelling, this attribute can become an organizing value system in the developing identity of the child. The workings of this process emerged in the analysis of intergenerational interviews. We have framed this process as the transmission of pivotal narratives.

The Mediating Influence of Positive Parental Attachment

Since current research has pointed to the quality of parent-child relationships as the primary mediator of the impact of stressors on children, it would follow that the impact of parental trauma would be mediated by the quality of the survivors' parenting and the quality of the attachment between the survivor parents and their children. In the Transcending Trauma Project (TTP), a qualitative research study of 275 in-depth life histories of Holocaust survivors and their families, one third of the families revealed positive parenting by both parents and success in adulthood on the part of the children. In two-thirds of the sample, numbering 35 families, the narrative analyses revealed patterns of divergent parenting where one parent is negatively engaged with the children due to emotional distress described as anger or depression and the other parent is more positively engaged with the children. There is also a group of families where the negative parenting is the predominant influence on the children result in significant problems in adulthood. These patterns, labeled Mediating Parent, point to the potential of mediating parenting as a strong protective factor for the children in a family environment impacted by emotional distress.

Faith and Religious Practice Coping Mechanisms

Religious belief and practice are aspects of coping and adaptation by Jewish survivors of the Holocaust that have been largely ignored in the literature. Interviews with survivors articulate the ongoing struggle with some of the most compelling and agonizing questions confronting survivors after the Holocaust. Why did I survive when so many I loved could not? Is there an explanation for my survival which gives my life meaning and purpose after the war? Survivors' attempts to answer these existential questions, the explanations some have been able to find for themselves, and the realization for others that explanations cannot be found, are viewed as important work in the reconstruction of the Holocaust and the resilience some have been able to find for themselves and their lives in the aftermath. What role does faith play, or the loss of it, in the posttraumatic coping and adaptation of Holocaust survivors? What are the reasons behind these various posttraumatic responses? This study focuses on a select sample of Holocaust survivors who exhibit a range of reactions and responses to these compelling questions about the role of faith and religious practice as coping mechanisms.

Trauma and Disaster in the Lives of Persons with Mental Retardation and Developmental Disabilities (Abstract #179695)

Symposium (culture)

Laurel C/D, 4th Floor

Scotti, Joseph R., PhD; Stough, Laura M., PhD; Norris, Fran H., PhD; Stevens, Sarah, MA; Sharp, Amy N., PhD; Cavender, Ashley, BA; Jacoby, Vanessa, BA; Morford, Amy, BA; Kalvitis, Jessi, BA; Nicholson, Susie, BA; Burkhart, Steven, BA¹

¹*Department of Psychology, West Virginia University, Morgantown, West Virginia, USA*

²*Department of Educational Psychology, Texas A&M University, College Station, Texas, USA*

³*Dartmouth College, White River Junction, Vermont, USA*

Beyond showing high risk for physical/sexual abuse, the research literature is devoid of studies on trauma and recovery in persons with mental retardation/developmental disabilities. We present on the prevalence of traumatic events in this population, response to and recovery from those events, and on Hurricane Katrina survivors with disabilities.

Trauma in Persons with Mental Retardation: Relation to Behavior Problems and Functional Level

Persons with mental retardation/developmental disabilities (MR/DD) are at high risk for physical/sexual abuse, yet few studies document the effects of that abuse. Virtually nothing is known about rates of exposure to other traumatic events (e.g., MVAs, disasters), and data are seriously lacking on the impact such events have on persons with MR/DD. We report the prevalence and impact of traumatic events on 400 persons with MR/DD. Surveys went to identified families in WV asking caregivers to report on the focus person's (the person with MR/DD) demographics, exposure to traumatic events, behavior problems (e.g., self-injury, aggression), and disability. Focus persons were 5-72 yrs old (M=21; 40 percent female). A mean of 2.6 traumatic events (range = 0-12) were reported. Number of events was correlated with number of disabilities, $r = .23$, $p < .01$, medical problems, $r = .26$, $p < .001$, number/severity of behavior problems, $r = .17$, $p < .05$, and PTSD symptoms, $r = .19$, $p < .05$. We report these data and the relation to care-giving environments, family psychiatric history, type of traumatic events, and worst event, among other variables. Mediation/moderation analyses are reported to disentangle the links between disability level, behavior problem severity, and occurrence and response to traumatic events. The implications for assessment and treatment of persons with MR/DD are discussed.

Friday: 9:30 a.m. - 10:45 a.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Response of Persons with Mental Retardation to Emergencies: Implications for Disaster Preparedness

With the focus on disaster preparedness and homeland security, the needs of special populations (e.g., elderly, disabled) during evacuation have been a concern. Persons with mental retardation/developmental disabilities (MR/DD) are a potentially difficult group to assist during emergencies due to a possible lack of understanding of the situation, behaviors that interfere with evacuation, and reactions to stimuli (e.g., sirens, flashing lights). We examine the distress during emergencies of 400 persons with MR/DD (the focus persons). Surveys went to identified families in WV asking caregivers to report on the focus person's demographics, exposure to emergencies, related distress and interfering behaviors, other behavior problems, and medical problems. Focus persons were 5-72 yrs old (M = 21; 40 percent female). Distress was reported to occur to sirens/bells, 37 percent; fire drills, 22 percent; flashing lights, 22 percent; strangers, 18 percent; and emergency personnel, 10 percent. Focus persons typically were described as having multiple disabilities and medical problems, exhibiting serious behavior problems, and needing assistance with daily living skills (e.g., following simple instructions). These results have important implications for emergency responders who will be aiding persons with MR/DD during evacuations after a disaster or terrorist activity. Suggestions for addressing these implications are discussed.

The Recovery of Individuals with Disabilities Following Hurricane Katrina

Hurricane Katrina was the largest disaster in US history, destroying the housing of over 1.5 million persons; 23 percent of whom were individuals with disabilities. The already frayed social support system of many of these families unraveled as households were uprooted, homes were lost, and infrastructure ceased to exist. Katrina Aid Today was awarded \$66 million by the Department of Homeland Security to provide case management for evacuees. As a consortium member, the National Disability Rights Network (NDRN) provided case management services to survivors with disabilities; we report on the long-term recovery of these individuals and their families. A focus group of 35 survivors identified factors that facilitated or impeded transition to their desired quality of life and recovery status. Interviews were supplemented by a telephone survey of 50 NDRN case managers assisting with long-term recovery plans and access to disability services. Further, a quantitative analysis was conducted on outcome variables for over 3,000 NDRN clients as compared to 35,000 non-disabled clients. Differences in length and cost of case management, and number of contacts were found. Additionally, differences in types of services needed (including mental health services), income level before the disaster, and general well-being were investigated. The implications for disaster recovery services are discussed.

Promoting Wellness and Resilience Among Firefighters and Other First Responders (Abstract #179993)

Symposium (disaster)

Waterview A/B, Lobby Level

Mendelsohn, Michaela, PhD¹; Bolduc-Hicks, Lynda, PsyD²; Gehan, Meghan, LCSW²; Toussaint, Karine, MA²; Farrow, Beth Anne, OTR²; Brown, John, Lieutenant²; Henry, Wendy, LAC³; Harvey, Mary, PhD⁴

¹Victims of Violence Program, Department of Psychiatry, Cambridge Health Alliance/Harvard Medical School, Somerville, Massachusetts, USA

²Victims of Violence Program, Department of Psychiatry, Cambridge Health Alliance, Somerville, Massachusetts, USA

³Professional Fire Fighters of Massachusetts, Boston, Massachusetts, USA

⁴Community Relief & Rebuilding through Education and Wellness (CRREW), New York, New York, USA

Firefighters and other first responders are impacted daily by trauma and occupational hazards that pose significant physical and psychological risks. However, they are unlikely to access traditional mental health services. The presenters describe novel initiatives aimed at reducing the effects of chronic trauma and enhancing their wellbeing.

A Snapshot of Firefighter Peer Support

Firefighters have what is often regarded as the single most hazardous occupation in the United States. In addition to the dangers involved in running into burning buildings, exposures to toxic chemicals and blood borne pathogens make for a deadly combination that firefighters regularly confront. The sights, sounds and smells associated with trauma and death are familiar occurrences in a profession which is often taken for granted. This presentation provides an historical sketch covering the development of a firefighter support system in Massachusetts from the early days of an Employee Assistance Program through the years to today's organized and cooperative delivery system of stress management and member assistance. The last three decades have seen a dramatic evolution in programs designed to help firefighters with problems encountered not only in the line of duty but also with day-to-day issues that become complicated by virtue of their chosen career. This presentation provides insight into the experiences of firefighters and the programs that have been developed to care for them.

The First Responder Wellness Program: A Collaboration between Fire Services and Mental Health

The current paper describes a unique program providing wellness services to firefighters, and presents outcome data from its implementation in two fire departments in the Boston metropolitan area. The First Responder Wellness Program (FRWP) is a collaboration of the Victims of Violence Program at the Cambridge Health Alliance, the Cambridge Fire Department and the Local 30. Firefighters participate in a series of three on-site weekly workshops addressing aspects of health and wellness pertinent to the risks of firefighting, including injury and illness risk and prevention, physical fitness, nutrition, the stress response, secondary trauma, alcohol and drug abuse, and strategies to manage stress. Before the first workshop and after the last workshop, 152 participants completed a 15-item survey assessing relevant health behaviors. Analyses revealed significant improvements in exercise, eating and sleep habits over the course of the program. These results provide preliminary quantitative evidence for the effectiveness of the First Responder Wellness Program in promoting changes in a number of important health behaviors among fire fighters at considerable risk for physical and psychological problems due to their occupational stressors.

Integrating "Alternative" Healing into Trauma Interventions with First Responders

Community Relief and Rebuilding through Education and Wellness (CRREW) is an organization of "alternative" health care providers formed in the aftermath of 9/11 to address the mental health and physical needs of the rescue and recovery workers, those in support roles, those who witnessed the attacks, and those who lost loved ones. CRREW offers primarily ear acupuncture, supported by massage therapy, Feldenkrais(r) and other wellness techniques such as Imagery. In addition to providing ongoing services and educational workshops to first responders and community-based groups, CRREW has since participated in the response to other large-scale disasters, most notably Hurricane Katrina. The organization was called upon by the International Association of Firefighters to set up a 24-hour clinic to provide much needed services for the local and national teams of first responders. CRREW has also helped to establish wellness programs for the Fire Department of New York and the New Orleans Fire Department. This presentation describes these efforts to integrate acupuncture and other approaches to healing into established trauma response protocols for first responders.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Papers

Biological Issues

Grand Ballroom IX and X, 3rd Floor

Chair: Thompson, Charles, MD, MDiv,
Dept. of Psychiatry & Behav. Sci., University of Washington,
Seattle, USA

Distressed Awakenings with and Without Nightmare Recall in PTSD (Abstract #178138)

Paper Presentation (biomed)

Thompson, Charles, MD, MDiv¹; Taylor, Fletcher B., MD²; Raskind, Murray, MD, PhD¹
¹Dept of Psychiatry & Behav. Sci., University of Washington, Seattle, Washington, USA
²Psychiatry & Behav Sci, University of Washington, Tacoma, Washington, USA

Clinical impressions suggested the hypothesis that recalled trauma nightmares (NM) and non-nightmare distressed awakenings (NNDA) are similarly frequent and severe in Veterans with PTSD and both are reduced by the brain-active alpha-1 adreno-receptor antagonist prazosin. A chart review of 115 consecutive cases, recently accepted for publication in Journal of Traumatic Stress, is reported. Data analysis of cohorts of the 81 successfully treated with prazosin demonstrated that NNDA and NM are in fact similar in (a) frequency, (b) severity of physiologic hyper-arousal, and (c) psychological distress, and (d) correlations with insomnia severity, and (e) responsiveness to prazosin treatment. These findings suggest 1) increased brain adrenergic activity is pathogenic to both NM and NNDA, 2) both NNDA and NM may contribute similarly to severity of daytime psychological morbidity of PTSD and 3) psychiatric and medical comorbidities of PTSD exacerbated by sleep deprivation, (4) current DSM-IV definitions of PTSD-related insomnias and nightmares may inadequately reflect the sleep disturbances characteristic of this population, and that (6) prazosin is a valuable pharmacologic probe of endogenous trauma processing phenomena and (7) therapeutic intervention for both NNDA and NM, and (8) prazosin may have a potential role in primary and secondary prevention of PTSD.

Neurodevelopmental Biology of Maltreated Preschoolers (Abstract #179959)

Paper Presentation (biomed)

Spratt, Eve, MD, MS¹; Brady, Kathleen, MD, PhD²; Hulsey, Thomas, ScD³; Furlanetto, Rich, MD, PhD⁴; De Bellis, Michael, MD, MPH⁵; Runyan, Des, MD⁶
¹Pediatrics and Psychiatry, Medical University of South Carolina, Charleston, South Carolina, USA
²Psychiatry, MUSC, Charleston, South Carolina, USA
³Pediatrics, MUSC, Charleston, South Carolina, USA
⁴Quest Diagnostics Nichols Institute, Chantilly, Virginia, USA
⁵Psychiatry, Duke University, Durham, North Carolina, USA
⁶Pediatrics, University of North Carolina, Chapel Hill, North Carolina, USA

Participants include 35 children, ages 3-6, with histories of child maltreatment including physical abuse or neglect or significant institutional deprivation prior to international adoption and 35 age, gender, race, and socio-economically matched controls without a history of maltreatment recruited from primary care and community settings. Pilot data is being obtained to explore whether neurobiological markers in a group of children that have been maltreated differ from a group of control children. Comparisons will be made to examine differences in baseline anterior and posterior pituitary hormones, cortisol, catecholamines, C reactive protein, thyroid, and Vitamin D regulation. Cortisol measurements have been collected before and after a mild stressor. Measures of general health (BMI), cognition (DAS), language (TELD), school readiness (Bracken), adaptive functioning (Vineland) behavior (CBCL), and psychiatric diagnosis using the ePAPA will be completed and biologic correlates will be explored. There will be a discussion of the results and whether these markers show promise as tools to increase our understanding of medical, and neurodevelopmental sequelae in children that have been physically abused and neglected.

Gender Differences in Cortisol Response Among Highly Exposed 9/11 Survivors (Abstract #180089)

Paper Presentation (biomed)

Withdrawn

Papers

Special Populations: Sexual Assault Victims, War-and Terror-Exposed Laurel A/B, 4th Floor

Chair: Linda Williams, PhD, Department of Criminal Justice and Criminology, University of Massachusetts, Lowell, Massachusetts, USA

Pathways to Commercial Sexual Exploitation: Responding to Trauma of Prostituted Teens (Abstract #179537)

Paper Presentation (child)

Williams, Linda, PhD¹

¹Department of Criminal Justice and Criminology, University of Massachusetts, Lowell, Massachusetts, USA

This paper will report findings from in-depth narratives of and research interviews with sexually victimized (prostituted and trafficked) teens and run away youth at high risk for such victimization. Research participants are teens interviewed in the U.S. in two large urban areas - Boston, Mass. and Washington, D.C. Narratives from the youth will form the basis of the paper that will present new findings on factors (individual, family, peer, school, and community contexts) that increase the risk of involvement in commercial sexual exploitation, maintain and escalate such exploitation, and impede or empower exiting from commercial sexual exploitation (CSE). Factors that propel involvement in and victimization via prostitution vary for boys and girls and for youth across life course stages as each confronts different lifetime challenges, opportunities, and milestones. This paper will present the perspectives of teen boys and girls who have been prostituted or who are at risk for prostitution or CSE and make recommendations for system response.

Friday: 9:30 a.m. - 10:45 a.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Psychosocial Effects of War Experiences Among Displaced Children in Southern Darfur (Abstract #179693)

Paper Presentation (child)

Morogs, Dorothy, PhD¹; Worden, J. William, PhD²; Gupta, Leila, PhD³

¹National Center for Children Exposed to Violence, Yale School of Medicine, New Haven, Connecticut, USA

²Rosemead School of Psychology, Biola University, LaMirada, California, USA

³University of North Carolina at Chapel Hill, Fairfax, Virginia, USA

The current study assessed the impact of war experiences among 331 displaced children and adolescents in Southern Darfur region. The quota sampling approach was used to select the study sample based on three categories. Children's overall traumatic reactions, depressive and grief symptoms were assessed by verbally administering the Demographic Questionnaire, Child Posttraumatic Stress Reaction Index, Child Depression Inventory and the Expanded Grief Inventory. Results have shown that children exposed to more war experiences had higher levels of traumatic reactions, depression and grief symptoms. There was significant age difference in overall war exposure, traumatic reactions and grief symptoms with older children reporting higher levels of exposure and symptomatology. However, there were no gender significance in war exposure but significant gender differences with girls showing higher depression levels than the boys. Multiple regression analysis controlling for age and gender was used to determine which of the 16 war experiences assessed were more likely to predict traumatic reactions, depression and grief symptoms. Structural Equation Modeling was used to understand the complex interaction of the three co-morbid symptoms resulting from war exposure. Results provide better understanding of etiology, prognosis and treatment effects of on going war experiences.

Participant Alert: Children' graphic drawings of their war experiences and children's stories will be presented which may create distress.

Prospective Long Term Telephone Follow-Up of Children Directly Exposed to Terror Attacks (Abstract #180030)

Paper Presentation (child)

Benarroch, Fortu, MD¹; Galili-Weisstub, Esti, MD²

¹Child and Adolescent Psychiatry, Hadassah-Hebrew University Medical Center, Doar Na Hevel Jericho, Kefar Adumim, Israel

²Child and Adolescent Psychiatry, Hadassah-Hebrew University Medical Center, Jerusalem, Israel

In October 2000, a wave of terror attacks began to occur in crowded public places in Jerusalem. Several hundreds of children were directly injured. By middle 2002, 179 minors (ages 0 to 18) who had been exposed to terror events were evacuated to a general hospital Emergency Room (ER). Parents of 154 children (86 percent) were contacted, and participated in the first telephone evaluation. Drop outs did not differ in age, gender ratio or severity of physical injury. The parents were interviewed on the presence of posttraumatic symptoms in their children. We inquired into the child's functioning in five domains: social, academic, behavioral, family and sleep problems. As the terror attacks continued, we held additional telephone interviews in: 2004 (n=191), 2005 (n=224) and 2006 (n=210). The initial purpose of the phone interview was to offer clinical services (free of charge) to the victims. Though lacking in research design, these descriptive field data, matched with parameters from the ER file, provide a naturalistic and unique insight into a whole cohort of young terror victims, followed up prospectively for up to six years.

Time to Say Goodbye: How Do We Say Goodbye in Long-Term Relational Trauma Therapies? (Abstract #179427)

Workshop (practice)

Grand Ballroom VII and VIII, 3rd Floor

Pearlman, Laurie Anne, PhD¹; Courtois, Christine, PhD²; Saakvitne, Karen, PhD³

¹Trauma Reseach, Education, and Training Institute, Inc., Holyoke, Massachusetts, USA

²Private Practice, Washington, District of Columbia, USA

³Private Practice, Northampton, Massachusetts, USA

Terminations in long-term psychotherapy with complex trauma survivors present many challenges. These therapies may end for a variety of reasons, including that the work is complete; it has reached an impasse and one party (or both) decides to end treatment; therapist or client is relocating; the therapist is retiring from practice or changing professional focus; the therapist or client is ill and incapacitated; and the client's resources, motivation, or priorities change. In each situation, the processing of the termination and its meaning to both parties is essential to the integration of the termination process into the therapeutic process. Because attachment (and therefore abandonment) issues are often central in therapies with complex trauma clients, poorly managed endings can create retraumatization. The ending of a long-term therapy is an integral piece of the work to be managed within the same frame and with the same thoughtfulness as the rest of the therapy. In this workshop, three presenters will address themes in termination work from different perspectives. Dr. Pearlman will discuss therapist-initiated terminations when the therapist closes her practice. Dr. Courtois will discuss client-initiated terminations, exploring transference and countertransference themes. Dr. Saakvitne will address the role of supervisor or consultant in the process of termination.

Military Sexual Trauma Among Men: Assessment, Clinical Presentations and Treatment Issues (Abstract #179289)

Workshop (practice)

Harborside D, 4th Floor

Reynolds, Victoria, PhD¹; Bell, Margret E., PhD²; Boggs, Christina, PhD³; Alvarez, Jennifer, PhD⁴

¹Durham VAMC, Durham, North Carolina, USA

²VA Office of Mental Health Services, Boston, Massachusetts, USA

³Military Sexual Trauma Program, James A. Haley Veteran Hospital, Tampa, Florida, USA

⁴Center for Health Care Evaluation, VA Palo Alto Health Care System & Stanford University School of Medicine, Menlo Park, California, USA

Most mental health and medical providers are now aware of the need to screen for experiences of sexual assault and harassment in women. The Department of Veterans Affairs has implemented a number of policies designed to respond to this issue, focusing on sexual trauma occurring in the military. However, in the VA system and elsewhere, there are critical gaps in awareness of the problem of military sexual trauma (MST) among men. This workshop is designed to fill this gap by providing models for assessment, outreach and treatment of military sexual trauma among men. Three VA Male MST programs will provided the basis for these discussions. The workshop will emphasize screening, treatment and program development. Clinical presentations as well as themes and issues specific to male sexual trauma survivors will be presented based on the research literature to date. Strategies for integrating sexual trauma treatment for men into existing treatment settings will be discussed and the effectiveness of one particular form of treatment, Cognitive Processing Therapy, with male survivors, will be examined.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Memorials and Anti-Memorials: The Intersection of Art and Traumatic Memory (Abstract #179702)

Media Presentation Grand Ballroom III and IV, 3rd Floor

Kudler, Harold, MD¹; Spitz, Ellen Handler, PhD²; Fried, Hedi, MA³; Albeck, Joseph, MD⁴

¹Psychiatry and Behavioral Sciences, Durham VA Medical Center/Duke University, Chapel Hill, North Carolina, USA

²Honors College, University of Maryland Baltimore County, Baltimore, Maryland, USA

³Curriculum Studies and Communication, Stockholm Institute of Education, Stockholm, Sweden

⁴Psychiatry, Harvard Medical School, Belmont, Massachusetts, USA

Breuer and Freud's observation that trauma survivors "suffer mainly from reminiscences" implies a need to remember and a need to forget. Conflicted responses may carry over into art commemorating trauma in the life of a people or a nation such as the memory of the Holocaust. Ellen Handler Spitz, Honors Professor of Visual Arts at the University of Maryland Baltimore County presents her insights into how art has served historically to facilitate public mourning and ensure the persistence of both memory and oblivion. Raising questions about this type of art in general, she focuses on the oeuvre of distinguished contemporary conceptual artist, Horst Hoheisel of Kassel, Germany, who creates dramatic, strikingly effective pieces he calls "anti-memorials." These works challenge the viewer to ponder the relationship between public memorials, private shames and sorrows and the inevitable processes of attrition. This program of the Special Interest Group on the Intergenerational Transmission of Trauma and Resilience features responses to Dr. Spitz's original work from Hedi Fried, Holocaust survivor, psychologist and educator, and Joseph Albeck, psychiatrist, poet, and leader in the creation of the New England Holocaust Memorial. Lessons from art will be applied to the transmission of trauma memory from generation to generation.

Participant Alert: This presentation will include photographs of artwork that commemorates the Holocaust. These works are not direct representations of horrific content but, as with any memorial, they have the potential to stir disturbing memories in some viewers.

Concurrent Session 7

Friday, November 16

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

Prevention of PTSD, Yesterday, Today and Tomorrow (Abstract #179569)

Plenary (prev) Grand Ballroom VI, 3rd Floor

Shalev, Arieh, MD¹

¹Hadassah University Hospital, Jerusalem, Israel

PTSD should be a good target for prevention: it has salient onset, typical initial symptoms; and frequent early recovery. The biology of PTSD is better known than that of many other disorders. Data from recent wars and catastrophes shows, however, that prevention was marginally efficient, if attempted at all. This presentation addresses the many sources of this gap and ways to reduce their effects. A prerequisite for well-targeted prevention is a reliable identification of subjects at risk. Survivors' engagement in preventive efforts is the next challenge. Specific interventions must be identified, disseminated and mastered by potential providers. Attention should be paid to communities and individual resources, culture and expectations, ongoing stressors and survival tasks. Most importantly, the cumulative contribution of vulnerabilities, triggering and maintaining factors should be better understood and translated to practice. Recent research gave us better tools to identify survivors at risk. Effective psychological interventions have been described. Barriers to seeking help were delineated. Pharmacological interventions have addressed putative biological risk factors. These achievements allow us to formulate generic principles for prevention and outline their implementation in specific events and practices. We should also recognize gaps in knowledge and other hurdles.

EMDR Clinical Parameters and Research Findings: "What's New and Useful" (Abstract #180632)

Master Clinician (practice) Dover A/B/C, 3rd Floor

Shapiro, Francine, PhD¹

¹Mental Research Institute, Watsonville, Florida, USA

Numerous controlled studies have indicated that EMDR's effects on PTSD symptoms are comparable to those of trauma-focused CBT. However, EMDR does not require homework, sustained arousal, detailed verbalization of the index trauma, or prolonged exposure to the event. In this invited presentation, videotapes of an incest survivor and a disaster victim will demonstrate the EMDR treatment, and the de-arousal effects of the eye movements, which have been documented in numerous controlled laboratory studies. In addition, the clinical procedures of an EMDR group-protocol used subsequent to disasters and terrorist attacks will be illustrated. The presentation will review research findings, with long-term follow up, indicating that the resolution of etiological events can result in the successful treatment of conditions that have often been considered intractable. A recent study will be used to explore the clinical parameters of the EMDR treatment of child molesters, which has resulted in the sustained reduction of deviant arousal. Likewise, representative case examples from studies documenting the elimination/reduction of phantom limb pain subsequent to EMDR processing will be presented to explore both the clinical and theoretical implications.

Friday, 11:00 a.m. - 12:15 p.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Prevention of Trauma Related Adjustment Disorders in High Trauma Exposure Occupational Groups

(Abstract #179734)

Panel (prev) Kent A/B/C, 4th Floor

Tuma, Farris, ScD¹; Ruzek, Josef, PhD²; Southwick, Steven, MD³; Whealin, Julia, PhD⁴; Heinssen, Robert, PhD⁵

¹National Institute of Mental Health, NIH, Bethesda, Maryland, USA

²National Center for PTSD VA Palo Alto Health Care System, Menlo Park, California, USA

³VA CT Healthcare System and Yale School of Medicine, West Haven, Connecticut, USA

⁴National Center for PTSD VA Pacific Islands Health Care System, Honolulu, Hawaii, USA

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

There is heightened interest in the mental health needs of emergency responders, soldiers, law enforcement personnel, and disaster relief workers. Some have argued that major gaps in knowledge regarding the pathophysiology of PTSD, the lack of robust markers of risk and resilience, and the nature of high trauma-exposure work environments are major limitations to progress for prevention science. Others maintain that empirical data regarding processes implicated in the development and course of PTSD and plausible theory regarding linkages between individual, environmental, and contextual factors are sufficient to develop testable preventive interventions. This panel will present and critique major issues related to the prevention of trauma related adjustment and mental disorders in high trauma-exposure occupational groups. Speakers include Josef Ruzek PhD, Building a Prevention Model to Test Preparations for Work-Related Trauma; Steven Southwick MD, Enhancing Adaptive Responses to Psychological Trauma: Insights from the Neurobiology of Stress; Julia Whealin PhD, Bridging End-User and Researcher Perspectives: Opportunities for Harmonizing the Science of Health Promotion and "Force Multiplication;" Discussants Robert Heinssen, PhD and Farris Tuma, ScD.

Cultural Adaptation of Evidence-Based Treatments for Children: Common Themes

(Abstract #179463)

Panel (culture) Laurel C/D, 4th Floor

Saunders, Benjamin, PhD; de Arellano, Michael, PhD; Thompson, Elizabeth, PhD; Murray, Laura, PhD

¹National Crime Victims Research & Treatment Center, Medical University of South Carolina, Charleston, South Carolina, USA

²Kennedy Krieger Institute Family Center, Baltimore, Maryland, USA

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

Adapting evidence-based trauma treatments (EBTs) for use with ethnic, cultural, or national groups with whom they may not have been tested adequately is a controversial issue. Using four case examples, common themes and issues will be explored about efforts to adapt EBT approaches for traumatized children and their families from diverse cultural groups. Panelists first will describe their work adapting TF-CBT for use with urban African-American, Hispanic/Latino, Central African, and Northern European populations. Each panelist will describe the most important and most difficult challenges they encountered in their specific cultural adaptation process. A moderated discussion involving the panelists and the audience will focus on discerning the common elements of culture that have emerged from these projects as critical to any effort to adapt an EBT to a cultural group. Examples of elements of culture to be examined include language and communication; gender roles; normative parenting practices; the status of women and children; common family structures and boundaries; religious beliefs, mandates, and proscriptions; the societal role of violence; sexual norms; views about mental health; and expectations of community, government, and NGO services. A conceptual framework for adapting EBTs to diverse cultural groups will be constructed based upon the discussion.

Prevention of Abuse and Trauma in Community Systems: Child Protection and Domestic Violence

(Abstract #179720)

Symposium (practice) Grand Ballroom I and II, 3rd Floor

Murphy, Robert, PhD; Gewirtz, Abigail, PhD¹; Rosanbalm, Katie, PhD²; Shaw, Leslie, MS³; Samuels, Margaret, MSW⁴; Dodge, Kenneth, PhD⁵; Christopoulos, Christina, PhD⁶; Spitz Roth, Adele, MA⁷; O'Donnell, Karen, PhD⁸; Staroneck, Leslie, MSW⁹; Wasilewski, Yvonne, PhD¹⁰; Taylor, Tamara, MFT¹¹; Williams, Jan, MSW¹²; Potter, Donna, MSW¹³; Olson, Hans, BA¹⁴; Medhanie, Amanuel, BA¹⁵; Reckinger, Dawn, PhD¹⁶; Werner, Linnette, PhD¹⁷; Pope, Karen, BA¹⁸

¹Center for Child & Family Health, Duke University, Durham, North Carolina, USA

²University of Minnesota, Minneapolis, Minnesota, USA

³Duke University, Center for Child & Family Policy, Durham, North Carolina, USA

⁴Center for Child & Family Health, Durham, North Carolina, USA

⁵Forensic Projects in Bosnia-Herzegovina, Physician for Human Rights, Durham, North Carolina, USA

⁶Duke University, Durham, North Carolina, USA

⁷Center for Child & Family Policy, North Carolina, USA

⁸Duke University Medical Center, North Carolina, USA

⁹Z. Smith Reynolds Foundation, North Carolina, USA

¹⁰Tubman Family Alliance, Minnesota, USA

¹¹Duke University, North Carolina, USA

¹²Center for Child & Family Health, North Carolina, USA

¹³University of Minnesota, Minnesota, USA

This symposium focuses on studies involving dissemination and implementation of evidence-based prevention and treatment of child abuse and trauma in community systems. Preliminary results from two domestic violence and two child protection based studies are presented, along with factors that facilitate or present barriers to program uptake.

Lessons From the 'Front Lines': Adaptation and Implementation of an Evidence-Based Intervention for Traumatized Families in Shelters

Families in homeless and battered women's shelters represent an extremely vulnerable population of the multiply traumatized. Studies have shown very high rates of trauma exposure among both sheltered parents and children (Gewirtz, Hart-Shegos, & Medhanie, in press), and the incidence of PTSD among children in shelters have been estimated at 15-50 percent (Rossman & Ho, 2000). However, externalizing behaviors among children in shelter are arguably even more prevalent than PTSD (Jouriles et al., 2001). Moreover, providers working with homeless populations in shelters and supportive housing programs have reported parenting support as a specific need among residents (Gewirtz, in press). This presentation documents the trauma-informed adaptation of an evidence-based Oregon parent management training program (Parenting Through Change; Forgatch & DeGarmo, 1999) for parents residing in shelters and supportive housing programs. The program, whose goal is the reduction of child conduct problems by improving parenting, was originally designed for separating and divorcing mothers, and has extensive empirical support in broad target populations. We review the theoretical rationale for the program, its core components, and its utility in this context. We also present data from a pilot implementation of the adapted program in a battered women's shelter in a major Metropolitan Area.

Domestic Violence Shelters Responding to Child Traumatic Stress: A Learning Collaborative Approach

Children in domestic violence shelters are at risk of developing a range of problems as a result of exposure to domestic violence and the likelihood that they have experienced other situations that increase risk, i.e. maternal depression, parental substance abuse, poverty, disruption to their living situation. A mixture of urban and rural shelter sites participated in a year-long learning collaborative designed to develop, implement and evaluate the effectiveness of a training protocol for improving the capacity of domestic violence

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



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

shelter staff to screen, intervene, and refer child residents experiencing distress related to their exposure to violence are reported. Initial results suggest improved staff knowledge of the influence of DV exposure in the development of child traumatic stress, increased use of behavior management strategies for children residing in shelter, increased use of community mental health services, and an ability to implement standardized assessments of child functioning and traumatic stress symptomatology as a component of shelter intake and assessment. A one-year follow up is underway to assess sustainable learning transfer and policy implications for funding and support of DV shelters are highlighted.

Psychosocial Predictors of Initial Engagement in a Home Visiting Program for First-Time Mothers

Home visiting programs for first-time mothers may be beneficial in preventing child maltreatment and promoting parent-child relationships, particularly for mothers with trauma histories and/or mental health concerns. It is therefore crucial to understand and address barriers to enrollment. This paper uses data from an ongoing randomized trial of a home visiting program to investigate maternal psychosocial predictors of initial engagement. Expectant women eligible for services based on psychosocial risk profiles were recruited during their first prenatal care appointment. The current sample consists of 68 women who were randomized to an active home visiting intervention and expressed intent to enroll (those with miscarriages or out-of-state moves were removed from the sample). Of these women, only 57 percent participated in one or more home visits. Preliminary bivariate analyses identified substance use as a predictor of initial engagement ($p < .01$); only 28 percent of those who reported substance use during or shortly before pregnancy initiated home visiting services, whereas 70 percent of those without reported substance use did so. Social support availability approached significance as a predictor ($p = .08$); 75 percent of those without an identified support person initiated services, compared with 52 percent of those with social support. Implications for engagement strategies will be discussed.

Mental Health and Parenting Factors among CPS Reported Children: Indicators of Engagement with an In-Home Parenting Program

Child protective service professionals often refer their clientele to parenting programs in the belief that providing parents with more skills will have an impact of reducing future reports. The Durham Family Initiative, a 10-year maltreatment prevention effort implemented a randomized trial of a home visiting parenting program in an effort to reduce re-reports of maltreatment among children ages 0-6, who represent a substantial proportion of recurring CPS reports. Despite home based service delivery, engagement of this CPS population proved challenging. This paper uses data from the ongoing RCT to determine factors related to engagement. Data are reported for the initial 65 participants who completed baseline assessments. Attendance was tracked until program completion termination for non-compliance. To date, 47.69 percent of the participants have successfully completed the program. Preliminary analyses indicates a significant relationship of duration of care to depression ($p = 0.007$) and overall mental health ($p = 0.036$). The data suggest a negative relationship of mean attendance with positive discipline practices and a positive relationship with parent ratings of a child as difficult. This preliminary analysis further suggests that the presence or absence of parenting support predicts engagement and attendance.

Betrayal Trauma: The Ethics of Diagnosis and Treatment (Abstract #178922)

Symposium (ethics)

Waterview A/B, Lobby Level

Freyd, Jennifer, PhD; Kahn, Laurie, MA²; Brown, Laura, PhD³; Birrell, Pamela, PhD

¹University of Oregon, Eugene, Oregon, USA

²WomenCare Counseling Center, Evanston, Illinois, USA

³Fremont Community Therapy Project, Seattle, Washington, USA

Mainstream diagnosis and treatment of trauma has emphasized psychological responses to fear-inducing aspects of traumas. Yet research suggests that betrayal is just as important in predicting response to interpersonal atrocities and severe relational violations, raising ethical issues about diagnosis and treatment for victims of betrayal trauma.

Betrayal Trauma as a Traumatic Experience of Love: Teaching a New Ethic of Love

Betrayal trauma has been explained in terms of its impact on memory, cognitive encoding and amnesia. Relational injuries are noted, yet the specific and often crippling impact on the understanding of love is under-explored. As trauma therapists we are challenged to decipher through the therapeutic relationship our clients' understanding of the complex human experience of love. This presentation will explore the impact of betrayal trauma on our clients' experience and understanding of love. Issues of love and betrayal are frequent in our clients' trauma stories, and in their presenting problems as adults. We will look at how a traumatic experience of love manifests in the therapeutic relationship. We will also address how the therapeutic relationship provides opportunities to reshape our clients' traumatic understanding of love and how therapy can move clients from the ravages of "betrayal blindness" developing their capacity to perceive the absence of mutuality in abusive relationships and encouraging them to recognize a model of love where relationships are predicated on mutuality and respect.

Betrayal Trauma and the Ethics of Diagnosis: Understanding The Sequelae of Sexual Exploitation

Since the middle 1970s literature has commented on the resemblance of symptoms following sexual exploitation to those following exposure to a Criterion A traumatic stressor. Persons who have experienced adulthood sexual exploitation by health care providers, psychotherapists, clergy, and others in positions of power, care, and responsibility report intrusive symptoms, emotional numbing, and autonomic hyperarousal as if they had been exposed to a threat to life or personal safety. Because most such experiences have not involved threat or force, and are more likely to have taken place within a narrative of love and forbidden romance, the presence of PTSD-like symptoms has been difficult to explain. This presentation will explore the utility of Betrayal Trauma Theory (BTT) as a model for understanding sexual exploitation of this sort as a traumatic stressor. Ethical issues involved in the diagnostic process, including premature identification of exploitation of trauma and failures to identify the nature of BT-based Criterion A events will be discussed, particularly in the context of evaluation and expert testimony with this population.

The Ethics of Compassion: Healing Relational Bonds in a Fractured World

Much has been said about the effects of trauma, especially about fear, anxiety, and terror induced by overwhelming events. Less has been said about the effects of the violation of human bonds and the effects of loss of important human connections. Those who suffer the consequences of betrayal and relational trauma are likely to experience dissociation, fragmentation and silencing. Effective treatment must address these conditions. This presentation will examine how we can ethically treat people whose lives have been fragmented by trauma, and critiques standard approaches to ethics which emphasize rules over relationship, do not question power differentials in relationship and create a divide between ethics and clinical

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

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

work. Truly ethical work involves bold and careful listening, deep empathy, true compassion and mutual relationship that results in transformation on the part of client and therapist alike. The ethic of care and the approach to ethics of Emmanuel Levinas will be presented as additional approaches, along with their challenges to rationality and autonomy. An ethic of listening is then presented and it is argued that ethics should be, not an afterthought, but the primary consideration of clinical utility.

Engaging Traumatized Children and Families in Treatment: Successes and Challenges (Abstract #178927)

Symposium (child)

Laurel A/B, 4th Floor

Ellis, B. Heidi, PhD¹; Cohen, Judith, MD²; Saxe, Glenn, MD¹; Ghosh Ippen, Chandra, PhD³

¹Children's Hospital Boston, Boston, Massachusetts, USA

²Allegheny General Hospital, Pittsburgh, Pennsylvania, USA

³University of California-San Francisco, San Francisco, California, USA

Despite a great need for mental health services, traumatized children and adolescents rarely engage in them. Interventions for traumatized children need to consider treatment engagement as a critical element of effective care. In this symposium treatment developers discuss data on, and theoretical approaches to, engaging traumatized families.

Somali Adolescents and Pathways to Mental Health Care: Understanding Help Seeking Within One Refugee Community

Children, particularly ethnic minority children, underutilize mental health services. Relatively little is known about refugee youth access to mental health services. The current study uses mixed methods to examine service utilization and pathways to help for Somali adolescents resettled in Massachusetts and Maine. First, rates and patterns of mental health service utilization will be described. Second, qualitative data on mental health and help-seeking will be presented, and a model of pathways to help within the Somali community presented. 144 resettled Somali adolescents between the ages of 12 and 19, and their caregivers, were recruited via snowball sampling to participate in the quantitative study in 2005-2006. A subset of these youth participated in qualitative in-depth interviews and focus groups. Eighty-eight percent of the youth deemed "in need" of mental health services had not sought any form of care. School and prayer were the most frequently endorsed types of care. Qualitative data suggests that talk within the community is an important reason that individuals hide their problems, rather than seeking help. Results confirm that refugee youth underutilize mental health services. Drawing on the qualitative data, a model of understanding refugee youth help seeking and is presented. Implications for treatment engagement are discussed.

Engaging Families in Trauma Focused CBT: Successes and Challenges

Despite the availability of evidence-based interventions for traumatic childhood experiences most traumatized children do not receive mental health treatment. Of those children scheduled for an initial evaluation, many are never evaluated, only come for the first assessment, or drop out prior to completing treatment. Due to many factors (e.g., past negative experiences with social services and/or mental health providers; fear of being blamed for the child's trauma or behaviors, or of losing child custody; fear of racism; lack of understanding about therapy and/or trauma) therapists need to actively engage families of traumatized children in therapy. This presentation will describe engagement strategies included in a treatment outcome study comparing Trauma-Focused CBT (TF-CBT) to Child Centered Therapy (CCT) for children with domestic violence (DV)-related PTSD symptoms and their mothers who experienced DV. This project, conducted at a community DV women's center and shelter, has added evidence-based engagement strate-

gies (McKay et al, 2002) to improve initial engagement and retention of families. These families face significant challenges such as homelessness, substance abuse, multiple traumatic experiences, and threat of repeat DV. Preliminary retention data will be presented.

Child-Parent Psychotherapy: Engaging Ethnically Diverse Families with Chronic Trauma

Child-Parent Psychotherapy (CPP) is an evidenced based treatment for children aged 0-6. Empirical data from randomized trials demonstrate its efficacy with ethnically diverse families and families where both the parent and child have been exposed to trauma, often to multiple, chronic traumas. In CPP, parent and child are seen together, and the therapist is viewed as the therapist for the parent-child relationship rather than the therapist for either individual. This means that engagement efforts focus on the therapist-parent relationship, the therapist-child relationship, and most importantly, the parent-child relationship. This presentation examines theoretical models central to CPP and discusses how theory informs engagement efforts occurring throughout the course of treatment: outreach, treatment entry, when the trauma is discussed, following ruptures in the therapeutic alliance and at termination. Case material is used to illustrate how a focus on attachment, trauma, and diverse cultural perspectives inform engagement strategies. The presentation also addresses how, for families where the "ghosts in the nursery" are firmly entrenched, engagement rather than being a part of the therapeutic process is one of the primary targets of intervention.

Trauma Systems Therapy: Treatment Engagement in a Pilot Randomized Controlled Trial

Treatments for traumatized children frequently focus on what to do in treatment, but less frequently explicitly address how to help a child and family engage in treatment. Trauma Systems Therapy (TST) is a manualized treatment approach that specifically addresses treatment engagement. TST is a phase-based treatment, and for all families the initial phase is called "Ready Set Go" and focuses on specific strategies for treatment engagement. The theoretical approach and clinical skills of this model will be described. Preliminary data from a pilot Randomized Control Trial will be presented, highlighting the finding that 90 percent of the TST participants remained in treatment after three months compared to 10 percent of the Treatment as Usual participants.

Recent Advances in PTSD in Neuroimaging (Abstract #179895)

Symposium (biomed)

Grand Ballroom IX and X, 3rd Floor

Lanius, Ruth, MD, PhD¹; Bluhm, Robyn, PhD¹; Williamson, Peter, MD, DPsy¹; Osuch, Elizabeth, MD¹; Kristine, Boksman, PhD²; Todd, Stevens, MSc²; McFarlane, Alexander C., MB, BS. (Hons), MD, Dip. Psychother., FRANZCP³; Moore, Kathryn A., PhD³; Clark, C. Richard, PhD³; Vermetten, Eric, MD, PhD⁴; Geuze, Elbert, PhD⁵; Bremner, J. Douglas, MD⁶; Brewin, Chris, PhD⁷; Whalley, Matthew G., PhD⁸

¹University of Western Ontario, London, Ontario, Canada

²Hotel Dieu Kingston, Ontario, Canada

³University of Western Ontario/Robarts Research Institute, London, Ontario, Canada

⁴University of Adelaide, Woodville, South Australia, Australia

⁵Flinders University, South Australia, Australia

⁶Central Military Hospital, Utrecht, Netherlands

⁷Emory University, Atlanta, Georgia, USA

⁸University College London, London, United Kingdom

The neural correlates of incidental emotional memory retrieval in PTSD will be discussed. Abnormal recruitment of brain networks during trauma-neutral working memory processing will be described. Abnormalities of the "default network" in chronic PTSD will be shown. Findings of recent neuroimaging studies in PTSD will be summarized.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

“Default Network” Abnormalities in PTSD: A Pilot fMRI Investigation

Recent neuroimaging work in healthy controls has shown the existence of a “default network” of correlated brain regions active during rest. These regions, which include the posterior cingulate, anterior cingulate and medial prefrontal cortex, and lateral parietal areas, have also been implicated in self-reflection. This study investigated whether 1) there are abnormalities in the default network in PTSD patients and 2) the extent of these abnormalities correlates with clinical measures of alexithymia and dissociation. Resting state fMRI scans were obtained from seventeen healthy controls and seventeen patients with PTSD. Connectivity between the posterior cingulate and other brain areas was assessed. In healthy controls, activity in the posterior cingulate seed region was found to positively correlate with other regions of the default network. This correlation was reduced or absent in the PTSD group. Connectivity of the posterior cingulate with regions of the default network was modulated in the PTSD group by score on the Toronto Alexithymia Scale and on the Dissociative Experiences Scale. These results suggest that the integrity of the default network is compromised in PTSD and that the extent of the deficit reflects clinical measures of altered self-perception.

Abnormal Recruitment of Brain Networks During Trauma-Neutral Working Memory Processing in PTSD

PTSD is characterised by disturbances in concentration and memory, symptoms which cause further distress for patients. Abnormalities in underlying working memory (WM) systems have been identified in PTSD (Clark et al., 2003), indicating dysfunction in left hemisphere brain regions critically involved in WM. However, the nature of the abnormality in underlying WM systems in PTSD remains unclear. Functional MRI was collected from 13 patients with severe PTSD and matched non-traumatized Controls, during WM tasks where participants either maintained or continually updated verbal stimulus material in separate conditions. The PTSD group failed to show differential activation during WM updating, instead showing abnormal recruitment of WM updating network regions during WM maintenance. These regions included bilateral dorsolateral prefrontal cortex and inferior parietal lobe. Several other regions were abnormally decreased during WM updating in PTSD including the hippocampus, anterior cingulate and brainstem pons. These results indicate compensatory recruitment in PTSD of WM networks normally only deployed during WM updating, which may be linked to the concomitant decreases in activity in other key regions which have been consistently implicated in the neurobiology of PTSD. These abnormalities reflect the difficulty PTSD patients’ have engaging with their day-to-day environment.

Windows of Opportunity in PTSD Neuroimaging

The field of neuroimaging in PTSD is characterized by a rapid increase of studies offering increased insight in brain correlates, brain responses and circuits implied in the disorder. Rapid developments in the field of neuroimaging have opened windows of opportunities to better understand brain correlates and responses in PTSD, e.g. wider availability of scanning possibilities, increase in magnetic field strength, close mimic of induction of fear related memories through virtual reality, use of cognitive and/or sensory cues, assessment of brain areas closer to the brain stem, differentiation in dissociative vs hyperresponsive response types). However, findings of several studies also vary to a great extent, e.g. hippocampal volume and amygdala activation. This may be attributed to factors like design differences, induction procedures, study group characteristics. In the last five years the number of studies in PTSD has been doubled, and it is not unlikely that this will be also the case five years from now. With a standard set of guidelines for subject inclusion, scanning procedures, stimulus presentation, tasks and other variables, results are becoming more comparable. With this perspective in mind this paper will update and summarize findings in the structural and functional imaging studies that have been published with regard to PTSD.

Neural Correlates of Incidental Emotional Memory Retrieval in PTSD

We used fMRI to test PTSD patients, depressed patients, and trauma-exposed controls, on the retrieval of emotional but non-trauma-related information. In the study phase neutral pictures were presented in emotional or neutral contexts. Participants were scanned during the test phase, where they were presented with old and new neutral images and asked to identify previously presented items. fMRI results contrasting old and new items revealed a significant pattern of activation in a predominantly left-sided network associated with episodic memory retrieval, including the left middle temporal, bilateral posterior cingulate, and left prefrontal cortices. Increased activity common to all three groups when correctly judging pictures encoded in an emotional context was observed in the left anterior and posterior cingulate, and the right middle occipital cortex. Additional activity, unique to the PTSD group, when correctly judging pictures encoded in an emotional context was observed in several areas including the amygdala, precuneus, right middle occipital, right anterior and posterior cingulate, and left prefrontal cortices. These results indicate a substantially intact episodic retrieval system in patients suffering from PTSD, coupled with a general sensitivity to emotional memory retrieval that is not confined to trauma memories.

Neuropsychological Symptoms in Posttraumatic Stress Disorder and Changes Over Time (Abstract #179615)

Symposium (assess) Grand Ballroom VII and VIII, 3rd Floor

Olf, Miranda, PhD¹; Nijdam, Mirjam, MSc; Samuelson, Kristin, PhD²; Golier, Julia, MD³; Meewisse, Mariel, MSc; Marmar, Charles, MD⁴; Yehuda, Rachel, HScD, PA, DABCO, PhD⁵; Gersons, Berthold, MD, PhD; Neylan, Thomas, MD^{*}

¹Center for Psychological Trauma, Amsterdam, Netherlands

²San Francisco VA Medical Center, San Francisco, California, USA

³Department of Psychiatry, Bronx, New York, USA

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

⁵Mount Sinai/ JJPVAMC, New York, New York, USA

Attention and memory problems are some of the most persisting and debilitating symptoms related to PTSD. This symposium will focus on neuropsychological symptoms in posttraumatic stress disorder with particular emphasis on changes over time or changes due to treatment.

Effects of Psychotherapy on Neuropsychological Performance in PTSD

Two of the most common findings in neuropsychological studies of posttraumatic stress disorder (PTSD) are impairments of attention and verbal memory. This presentation addresses whether these impairments improve after trauma-focused psychotherapy. Data are presented from an ongoing randomized controlled trial comparing Eye Movement Desensitization and Reprocessing (EMDR) therapy (n = 70) and Brief Eclectic Psychotherapy (BEP; n = 70). Participants were outpatients diagnosed with PTSD after a type I trauma of different kind. Attention and memory were investigated before and after treatment using the following neuropsychological tests: Trail Making Test, STROOP task, California Verbal Learning Test and Rivermead Behavioral Memory Test. Different versions of the memory tests were administered at pre- and postassessment in order to control for learning effects. Preliminary results of treatment completers indicate significant improvements of verbal memory and divided attention after both treatments. Differences between the treatments as well as the clinical relevance of the findings will be discussed.

Friday: 11:00 a.m. – 12:15 p.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Longitudinal Effects of PTSD on Neuropsychological Functioning

Patients with posttraumatic stress disorder (PTSD) exhibit a wide range of neuropsychological deficits, most notably in the areas of memory and attention. Although there have been numerous neuropsychological studies of PTSD, most have reported cross-sectional results, and few have addressed potential longitudinal decline in neurocognitive functioning. Our cross-sectional findings with a sample of 128 veterans have shown differences in verbal memory, working memory, attention, and processing speed in veterans with PTSD compared to veterans without PTSD. To examine the longitudinal effects of PTSD on neuropsychological functioning, we re-administered neuropsychological tests to a sub-sample of 27 PTSD+ veterans and 25 PTSD- veterans between two and four years later (Mean age at time point 1 = 54.3; Mean inter-test interval = 34 months). The results of these analyses will be presented; we hypothesize that participants with PTSD, relative to controls will have greater decline on tests of declarative memory, working memory and attention.

Long-Term Effects of Posttraumatic Stress Symptoms on Sustained Attention

Research about attentional functioning following trauma has almost exclusively been performed in patient populations with combat-related posttraumatic stress disorder (PTSD). In this study the relationship between sustained attention and PTSD symptoms was examined in a community sample of survivors of a major disaster using the Paced Auditory Serial Addition Task (PASAT) and the Self-Rating Scale for PTSD (SRS-PTSD) 2-3 years postdisaster. Analyses revealed low but significant partial correlations between PTSD symptoms and the least difficult subtests, ruling out the effects of age, education, depressive symptomatology, and sleep disturbances. These results demonstrate that PTSD symptoms link to attentional dysfunction 2-3 years postdisaster. Four years follow-up data will also be presented in this presentation.

Longitudinal Assessment of Cognitive Performance in Holocaust Survivors With and Without PTSD

There is evidence that stress and PTSD may accelerate age-related process such as cognitive decline. To examine the relationship of PTSD to cognition over time we studied Holocaust survivors (n=28) and comparison subjects (n=19) 5 years after they had undergone a memory assessment. While Holocaust survivors with PTSD showed a diminution in symptom severity ($p = .011$), they also manifested a decline in paired associates learning (related word pairs: $p = .013$; unrelated word pairs: $p = .060$). In contrast, the Holocaust survivors with PTSD showed improvements on several California Verbal Learning Test (CVLT) measures over time. These improvements correlated with symptom improvements, such that group differences in the CVLT at follow-up were no longer detected. The discrepancy in the pattern of performance on these two tests of memory following symptom improvement suggests possible differentiation between of aspects of memory functions associated with aging and trauma exposure and those associated with the severity of PTSD symptoms. Performance on the CVLT appeared related to clinical symptom severity while paired associate learning worsened over time in Holocaust survivors with PTSD, consistent with earlier cross-sectional findings, and suggestive of accelerated decline in some aspects of cognition in PTSD.

Surviving Trauma and Tragedy: Lessons for Medical and Mental Health Professionals (Abstract #179413)

Media Presentation

Grand Ballroom III and IV, 3rd Floor

Etheridge, Keith, MA¹; Walter, Michael, MA²; Ochberg, Frank, MD³

¹Michigan Victim Alliance, East Lansing, Michigan, USA

²WUSA TV, Fairfax, Virginia, USA

³Michigan Victim's Alliance, Okemos, Michigan, USA

This unique program, filmed live in front of the Class of 2007, College of Human Medicine, Michigan State University, was developed to provide a classroom teaching tool for students in the health professions. It is also aimed at the general physician, nurse, mental health worker, and trauma specialist, offering compelling examples of successfully treated patients who have dealt with extreme trauma: a nurse who was raped at gunpoint while pregnant; parents of a murdered 20 year-old son; survivors of gunshot wound and near death. This DVD also provides clinicians a resource for use with patients or family members as part of therapy.

Each featured speaker discusses details of trauma, treatment and survival, including events that led to their being diagnosed with PTSD. The moderator, Mike Walter, is an award winning morning anchor and reporter for WUSA TV in Washington, D.C. who is trained in trauma assessment. The teacher and expert commentator is Dr. Frank Ochberg — the former associate director of the National Institute of Mental Health, and recipient of the ISTSS Lifetime Achievement Award.

The DVD is being offered by MSU to all accredited medical schools and submitted for the AMA Freddie Award.

Participant Alert: Survivors describe past trauma and tragedy, but calmly and in a supportive atmosphere. Participants will be emotionally moved but not traumatized unless unusually vulnerable. No negative consequences were noted in a class of 80 medical students.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Concurrent Session 8

Friday, November 16
2:00 p.m. - 3:15 p.m.

Narrating Collective Trauma: The Case of Hurricane Katrina (Abstract #180079)

Panel (train) Kent A/B/C, 4th Floor

Shapiro, Bruce, AB; Lindahl, Carl, PhD²; Armsworth, Mary, PhD³

¹University of Washington, Dart Center for Journalism and Trauma, Seattle, Washington, USA

²English, University of Houston, Houston, Texas, USA

³University of Houston, Houston, Texas, USA

When a large-scale traumatic event strikes, its story is told, and re-told, from multiple perspectives. Which voices are included, whose account are ratified or ignored, whether or not lines of accountability are pursued, have a profound impact on both public understanding and the individual impact on survivors and witnesses.

This panel will examine different approaches to narrating the individual and community trauma of Hurricane Katrina and its aftermath, including journalism, photography, oral history and psychotherapy. Participants will discuss their ongoing work with Katrina survivors, the storytelling which has resulted and its impact on affected communities.

Developmental Perspectives on Child Sexual Abuse, Sexual Risk and Trauma Among Girls and Women (Abstract #179507)

Panel (clin res) Laurel A/B, 4th Floor

Boyce, Cheryl, PhD; Campbell, Jacquelyn, PhD, RN, FAAN²; Wyatt, Gail, PhD³; Allison, Susannah, PhD⁴; Clum, Gretchen, PhD⁴

¹NIMH/NIH/DHHS, Bethesda, Maryland, USA

²Johns Hopkins University, Baltimore, Maryland, USA

³University of California-Los Angeles, Los Angeles, California, USA

⁴Tulane University, New Orleans, Louisiana, USA

Invited presenters will lead a panel discussion on domestic and international research that explores how child abuse impacts future sexual risk, trauma, and violence among girls and women. The panel will address early abuse, including childhood sexual abuse and family violence and its later impact on mental health, sexual risk and potential HIV infection. Child sexual abuse and family violence can place girls at risk for future negative health outcomes including risky sexual behavior, revictimization and mental health problems, such as depression, anxiety and PTSD. The panel discussions will explore potential pathways between early abuse and later sexual risk, trauma, and dating violence, including substance use and PTSD and how these may be differentially expressed at various developmental periods. The session will also address interventions to prevent and treat these problems. Presenters will include careful attention to the cultural and gender relevant context for women and girls both in domestic and international settings. Finally, the discussant will highlight how a collaborative agenda among scientists, practitioners, advocates and policy makers can inform research, prevention and treatment to reduce the negative effects of child sexual risk, trauma and violence for girls and women, and inform health policy for state, national and international organizations.

Reaching New Combat Veterans and Their Families: A Practical MIRECC Approach (Abstract #179599)

Symposium (disaster) Dover A/B/C, 3rd Floor

Kudler, Harold, MD; Straits-Troster, Kristy, PhD²; Jones, Everett, MD³; Reynolds, Victoria, PhD⁴; Clancy, Carolina, PhD⁴; Collie, Claire, PhD⁵

¹Psychiatry and Behavioral Sciences, Duke University, Chapel Hill, North Carolina, USA

²Psychiatry and Behavioral Sciences, Division of Medical Psychology, Duke University and Durham VA Medical Center, Durham, North Carolina, USA

³Department of Psychiatry and Behavioral Sciences, VA MIRECC & Duke University, Durham, North Carolina, USA

⁴Psychiatry and Behavioral Sciences, Duke University/Durham VA Medical Center, Durham, North Carolina, USA

⁵Psychology, Durham VAMC, Durham, NC, USA

Engaging new combat veterans and their families requires national, state and community partnership. The U.S. Department of Veterans Affairs Post Deployment Mental Illness Research, Education and Clinical Center (MIRECC) identifies, develops and disseminates best practices through needs assessment, public health outreach and clinical innovation.

OIF/OEF Veterans' Perspectives on Post-Deployment Needs: Focus Group Results

This study used a qualitative focus group methodology to examine health concerns, family issues, satisfaction with health care, and social support among American veterans who served in Iraq (OIF) and/or Afghanistan (OEF). Participants were recruited from a random sample of OIF/OEF veterans eligible for VA services per Department of Defense records and living within a 60-minute drive of Raleigh, NC. Six focus groups of 10-12 participants were conducted in October 2006. Groups were determined by military duty status and gender including: 2-Active Duty/Separated, male; 2-Reserve/National Guard, male; 1-Female veterans; and 1-Female spouses, non-veteran. Use of VA healthcare was reported by 23 of the 54 veterans (43 percent). The most frequently reported health concerns while deployed included safety and effectiveness of chemoprophylaxis, potential chemical exposure, burn pit smoke exposure, unhygienic latrines and food safety. Post-deployment problems included social withdrawal, noise sensitivity, anger, impatience/irritability, sleep problems and hearing loss. Marital problems, divorce, overprotection of children, and post-deployment irritability were seen as contributing to family problems. Satisfaction with access to care was variable and community support from churches, other veterans and extended family was helpful. Preferences and perceived barriers to care will be discussed.

Strategies in Service to New Combat Veterans: VA-DoD-State Collaboration in a Public Health Model

Efforts to reach out to new American veterans of Iraq and Afghanistan and their families require a cooperative effort between the Department of Defense (DoD), the Department of Veterans Affairs (VA), and the individual states. In order to respond in an integrated and effective manner, the State of North Carolina has initiated the Governor's Summit on Returning Veterans and their Families in partnership with DoD, VA and a number of state, public and private programs. This multimodal, recovery-based effort, facilitated by the MIRECC, represents a public health approach. Population-based interventions such as a Governor's letter to all new veterans and their families, a 24 hours-per-day/7 days-per-week telephone call center with a special algorithm developed to connect veterans and their families with appropriate information and services, and a state-wide education program for providers and community leaders have been developed to facilitate successful readjustment for veterans and their families. The presentation will lay out current needs and efforts undertaken as part of the Governor's Summit. Implementation processes, pilot data, future directions, and opportunities to replicate in other states will be considered.

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

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Parent Support Group in a U.S. Veterans Medical Center: A MIRECC Clinical Project

This presentation describes a Parent Support Group developed as a MIRECC clinical project at the Durham VA Medical Center. The Parent Support Group provides psychoeducation and parent-skills training to OIF/OEF veterans, their spouses and/or other caregivers. OIF/OEF men and women face significant challenges upon their return home and may have difficulty re-integrating into non-military social roles such as father, mother, husband or wife. In their absence, parental roles and duties have been re-allocated to another parent/caregiver. In addition, children's reactions to parental absence and return may be complex. Children caught up in the deployment cycle may feel resentment, sorrow and/or anger. These feelings may be expressed differently at different ages and at different phases of deployment. Re-negotiation of parenting roles, assistance with re-attachment between parent and child, and progress in re-establishing an effective partnership between parents/caregivers may require active support and specific interventions. The presenters will discuss program design and results including recruitment and retention challenges and pre- and post measures of change.

Implementing Trauma-Focused Cognitive Behavioral Therapy: A Focus on Training Frontline Clinicians (Abstract #179647)

Symposium (practice) Grand Ballroom I and II, 3rd Floor

Hanson, Rochelle, PhD¹; Ruggiero, Kenneth, PhD²; Amaya-Jackson, Lisa, MD³; Saunders, Benjamin, PhD⁴; Murray, Laura, PhD⁵; Cohen, Judith, MD⁶; Koverola, Catherine, PhD⁷; Berliner, Lucy, MSW⁸

¹Psychiatry & Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina, USA

²Psychiatry & Behavioral Sciences, Medical University of South Carolina, South Carolina, USA

³Duke University, Durham, North Carolina, USA

⁴Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina, USA

⁵Boston University School of Public Health, Boston, Massachusetts, USA

⁶Psychiatry, Allegheny General Hospital, Pittsburgh, Pennsylvania, USA

⁷University of Alaska, Fairbanks, Alaska, USA

⁸University of Washington, Seattle, Washington, USA

This symposium addresses the training of clinicians in TF-CBT, an efficacious treatment designed to reduce symptoms and prevent long-term problems among traumatized youth. As this evidence-based model is increasingly disseminated and implemented, it is important to examine the most effective and efficient ways to train front-line clinicians.

Overview of Training for Trauma-Focused Cognitive Behavioral Therapy: The Supportive Implementation Model

Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is a hybrid model that integrates elements of cognitive-behavioral, affective, humanistic, attachment, family, and empowerment therapies into a treatment designed to address the unique needs of children with problems related to traumatic life experiences. Common therapeutic themes for traumatized children and adolescents include betrayal of trust and fear of trusting others; self-blame and a resultant negative impact on self-esteem and self-efficacy; anger, which may include oppositional or aggressive behaviors; difficulty modulating affect; and loss of hope for the future. The TF-CBT model provides interventions which can prevent many of the negative consequences often seen among trauma-exposed youth. TF-CBT has been actively disseminated and implemented both nationally and internationally to a wide range of organizations. This first paper will provide an overview of the supportive implementation model for training clinicians in TF-CBT. This typically includes a combination of on-line training, a live workshop, and a six to nine month group phone consultation period to practice and master skills of the treatment

model. The presentation will also discuss the modification of trainings to address unique needs across different organizations

Implementation of an Evidenced-Based Treatment for Traumatized Youth: A Focus on Training Clinicians

The primary objective of this NIMH study is to assess different methods of training community-based therapists on TF-CBT to determine the best ways of enhancing fidelity to the treatment model. This study comprises four conditions: 1) assessment of treatment as usual (TAU); 2) traditional Workshop training; 3) Intensive TF-CBT focused Supervision; and (4) Withdrawal of Supervision. A multiple baseline design allows us to examine therapists' fidelity to the treatment protocol across the four study conditions. All treatment sessions are audiotaped and coded by trained raters to determine whether the TF-CBT core components are present. The main hypothesis is that workshop plus supervision will result in higher levels of fidelity than workshop alone. We are also assessing other factors that may be associated with treatment fidelity: attitudes toward the use of manualized treatments and evidenced-based practices, burn-out, and use of a variety of treatment procedures/techniques (specifically assessing use of cognitive behavioral procedures) at each stage. Thus, this symposium will present data to examine different training methods to determine the best ways to train clinicians to a high level of fidelity while adhering to a strict research protocol.

TF-CBT Training: An Innovative Alaskan Approach

This third paper addresses training issues from a clinical "non-laboratory" perspective. Specifically, Dr. Koverola will describe an approach to providing TF-CBT training to clinicians who serve rural regions of Alaska primarily with indigenous populations. These clinicians face enormous logistical challenges as well as cross cultural issues, necessitating the utilization of a number of unique training components. The Alaska Rural Behavioral Health Training Academy has developed a flexible and supportive approach to providing this type of training. Training is delivered over a three month period of time using a blended delivery model that includes: online training, pre audio sessions, three day face to face intensive, post audio mentoring in small groups and a final wrap up session. The instructor teams include a TF-CBT content expert trainer, local clinicians, and Alaska Native elders. Training is delivered using a cohort model of learning with twenty participants. Training also includes modules on rural ethics, vicarious trauma - self-care for the provider, and infusion of culture through ongoing consultation with the elders. Preliminary findings reveal that this approach to training is experienced positively by participants and has resulted in implementation of TF-CBT in numerous rural Alaska Native contexts.

Translating Sleep Findings in PTSD into Strategies for Prevention (Abstract #179879)

Symposium (biomed) Grand Ballroom IX and X, 3rd Floor

Mellman, Thomas, MD¹; Neylan, Thomas, MD²; Raskind, Murray, MD³; Jenifer, Ericka, MS⁴; Brown, Denver, BS⁴; Hipolito, Maria, MD⁵; Randall, Otelio, MD⁵; Metzler, Thomas, MA²; Henn-Haase, Clare, PsyD⁵; Marmar, Charles, MD⁵

¹Howard University, Washington, District of Columbia, USA

²University of California, San Francisco, San Francisco, California, USA

³Dept of Psychiatry & Behav. Sci., University of Washington, Seattle, Washington, USA

⁴Howard University Washington, District of Columbia, USA

⁵University of California San Francisco, San Francisco, California, USA

Sleep disturbance may relate to PTSD vulnerability and links to physical health morbidity. We will present prospective data validating sleep disturbance as a risk factor for PTSD, support for a relationship between PTSD and elevated nocturnal blood pressure, and application of an emerging pharmacological strategy as an early intervention.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Sleep Disturbances Predict Future PTSD Symptoms

Objective: Multiple prospective epidemiologic studies have found that disturbed sleep is a risk factor for later occurrence of major depression and panic disorder. However, none of these studies have systematically examined PTSD as an outcome. The present study examines the relationship of subjective sleep quality for future risk of PTSD symptoms in a prospective study of police recruits.

Method: 256 psychologically healthy recruits were evaluated while in police academy training. Subjective sleep quality was indexed by the Pittsburgh Sleep Quality Index (PSQI). PTSD symptoms were assessed 12 months after commencement of active duty, during which all were exposed to duty related critical incidents. Repeat assessments were also obtained in a subgroup of subjects after 18 months (N= 111) and 24 months (N= 50).

Results: Pre-exposure subjective sleep quality during academy training was significantly associated with PTSD symptoms (minus sleep items) after 12 months (N= 256, $r = .18$, $p = .003$), and 18 months (N= 111, $r = .19$, $p = .045$), and at a trend level 24 months (N= 50, $r = .266$, $p = .06$).

Conclusions: Greater subjective complaints of sleep disturbances in otherwise healthy police academy recruits predicts higher levels of PTSD symptoms after 12-24 months of active police duty.

PTSD and Nocturnal Blood Pressure

PTSD is associated with medical including cardiovascular conditions. Studies linking PTSD to hypertension (HTN) have tended to be those with minority representation. African-Americans (AA) have elevated rates of HTN and its medical consequences. An absence of the normal "dip" of blood pressure (BP) at night is an established risk factor for HTN and its end-organ complications. "Non-dipping" of nocturnal BP is common among AA. A study of AA adolescents found an association between "non-dipping" and exposure to violence. Arousal at night is a feature of PTSD. Non-dipping of nocturnal BP and sleep disturbances of PTSD have both been linked to dysregulated sympathetic nervous system activity.

We recruited healthy young adult African-Americans. To date 24 participants (17 female; 9 with lifetime PTSD, an additional five with subthreshold criteria; six with significant current symptoms) received 24-hour ambulatory BP monitoring and assessment of PTSD by the CAPS.

The difference between average nocturnal and day values for mean arterial pressure was significantly and negatively correlated with current ($\rho = -.47$, $p < .02$) and lifetime PTSD severity ($\rho = -.42$, $p < .04$).

Elevated nocturnal BP may be a link between PTSD and cardiovascular morbidity in African-Americans

Early Prazosin Treatment May Attenuate Nightmares and Sleep Disruption

Trauma-related recurrent distressing dreams (nightmares) are distressing reexperiencing symptoms of PTSD. It is possible that trauma nightmares are "retraumatizing" experiences. If so, elimination of trauma nightmares could hasten resolution of PTSD, and perhaps prevent its full expression. We have demonstrated in two placebo-controlled studies in Vietnam veterans with chronic PTSD that the alpha-1 adrenoceptor antagonist prazosin reduces and often eliminates trauma nightmares and sleep disruption, and improves global clinical status. However, nightmares usually return and global status worsens days after prazosin is discontinued in these chronic PTSD patients. In contrast, we have observed in open label treatment of PTSD in the "new veterans" from Iraq that nightmares and sleep disruption sometimes do not return for weeks, months or at all after prazosin is discontinued. This observation suggests that even earlier prazosin treatment following trauma might attenuate the development of PTSD nightmares and sleep disruption.

Preventing Trauma Through International Standard Setting and Implementation: ISTSS at the United Nations (Abstract #179833)

Symposium (intl)

Grand Ballroom VI, 3rd Floor

Turner, Stuart, BChir, MD, MA, FRCP, FRCPsych¹; Danieli, Yael, PhD²; Carll, Elizabeth, PhD³; Braak, Joyce E., MD⁴

¹Trauma Clinic, London, United Kingdom

²Group Project for Holocaust Survivors, New York, New York, USA

³Private Practice, Centerport, New York, USA

⁴Institute for Research on Women's Health, Catskill, New York, USA

The work of the United Nations results in international standards that define the obligations of member states to implement these standards in their nations. ISTSS, through its UN representatives, works many ways to weave our specialized expertise into these standards, to prevent trauma and its effects at the global level.

International Standards in the Context of the Prevention of Trauma and Its Effects

Tragically, trauma is clearly as ubiquitous today as it was during and immediately following World War II when the United Nations was created, in the words of the Charter, "to save succeeding generations from the scourge of war, which twice in our lifetime has brought untold sorrow to mankind, and to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small, and to establish conditions under which justice and respect for the obligations arising from treaties and other sources of international law can be maintained, and to promote social progress and better standards of life in larger freedom..." Prevention of many types of victimization and trauma is thus implied from the U.N.'s inception. This presentation [even the full panel] will review some of the international standards developed specifically in the context of the prevention of trauma and its life-long and even intergenerational effects.

Trauma, International News Coverage, and the United Nations

This presentation will discuss issues related to the importance of news coverage of global traumatic events, such as violence against women, disasters, the effects of war, and other human rights violations, in spotlighting violations of international standards and in generating the needed political will to deal with these global problems. The importance of access to information as a foundation for the development and implementation of international standards will be highlighted. Strategies for advocating for access to media/ICT (which includes both traditional and newer information and communication technologies) for all nations, such as the World Summit on the Information Society, will also be discussed.

Gender Violence and Women's Human Rights at the United Nations

There is compelling evidence that violence against women is severe and pervasive throughout the world, taking many interrelated forms - physical, sexual, psychological and economic. The costs to society, direct and indirect, are extremely high. Violence against women is a form of discrimination and is a violation of human rights causing deaths and untold misery in every country of the world. Significant progress in international standards and norms has clarified the obligations on States to prevent, eradicate, and punish violence against women. However, advances towards equality and freedom from violence previously made by women are being eroded or are under threat in many countries, exposing the fact that States are failing to fulfill these obligations. Impunity for perpetrators (both State and non-State actors) results from States' failure to implement international standards. This presentation will include the most recent international standards set by the U.N. Secretary-General's Report, "Ending Violence against Women", the work of the 51st Session of the Commission on the Status of Women and the latest report by the U.N. Special Rapporteur on Violence Against Women and the current campaign of UNIFEM.

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

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

The Intersection of Trauma, Traumatic Stress, and Substance Abuse (Abstract #179557)

Symposium (assess) Grand Ballroom VII and VIII, 3rd Floor

Quimette, Paige, PhD; Marx, Brian, PhD²; Read, Jennifer, PhD³; Simms, Leonard, PhD⁴; Riggs, David, PhD⁵; Watson, David, PhD⁶; Doebbeling, Bradley, PhD⁷; Farrow, Sherry, MA⁸; Colder, Craig, PhD⁹; White, Jacqueline, PhD⁸; Bovin, Michelle, MA⁹; Gold, Sari, MA¹⁰; Goodwin, Elizabeth, PhD¹¹; Semenec, Silvie, BA¹¹; Coolhart, Deborah, PhD¹¹

¹Center for Integrated Healthcare (116C), Syracuse, New York, USA

²National Center for PTSD, Boston, Massachusetts, USA

³University at Buffalo, Buffalo, New York, USA

⁴Psychology, University at Buffalo, Buffalo, New York, USA

⁵Center for Deployment Psychology, Bethesda, Maryland, USA

⁶University of Iowa, Iowa City, Iowa, USA

⁷Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana, USA

⁸University of North Carolina, North Carolina, USA

⁹Temple University, Pennsylvania, USA

¹⁰Temple University, Philadelphia, Pennsylvania, USA

¹¹Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, New York, USA

The papers in this symposium address the intersection of comorbid trauma and substance abuse using distinctive methodologies. These approaches highlight advances in the field of trauma and substance abuse research that may further our efforts to provide effective interventions to specific subgroups.

Assessing Natural Course of PTSD Among Substance Use Disorder Patients

Long-term natural course data on substance abuse (SUDs) and PTSD can help identify patient subgroups with different etiologies, which can lead to improved treatment specificity. This study evaluated the reliability and validity of an established psychiatric interview schedule, the Longitudinal Interval Follow-Up Evaluation (LIFE), which can provide detailed study of the course of PTSD over long time periods among SUD patients. Thirty SUD outpatients completed clinical interviews and the LIFE - PTSD, wherein they were asked to retrospectively report six months (26 weeks) of PTSD symptoms. Interviews were rated by a second rater. Results indicated that all participants reported at least one trauma with 38 percent having PTSD. Initial inter-rater reliability results for 12 interviews suggest that raters reliably score the LIFE PTSD across 26 weeks (weekly r 's = .72 to 1.0). Reliability estimates for PTSD symptom clusters were also high (B symptoms - .95 to .96; C symptoms .87 to .95; D symptoms - .88 to .95). The average 26-week PTSD rating was positively associated with clinical interview-assessed current B symptom severity, C symptom severity, and D symptom severity ($r = .72, p < .01$; $r = .54, p = .06$, and $r = .63, p < .05$) as well as PTSD diagnosis ($r = .67, p < .05$). The LIFE PTSD may be a reliable and valid measure to assess long-term course among patients in SUD treatment.

Alcohol Consumption, Risk Recognition and Sexual Revictimization

This study examined the pharmacological and psychological effects of alcohol consumption on the risk recognition abilities among women with histories of sexual victimization in childhood only, sexual victimization in both childhood and adolescence or adulthood and nonvictims using an experimental date rape analogue. The study also examined the effects of alcohol consumption on the psychophysiologic correlates of risk recognition among these groups. Two hundred twenty-five women were randomly assigned to one of three conditions: 1) alcohol consumption, 2) placebo or 3) no alcohol. Following beverage consumption, participants listened to a hypothetical date rape interaction and indicated the point at which the man had become sexually inappropriate. Subjective and objective measures of physiologic reactivity to the risk recognition task were used to evaluate both between and within-group differences. Results revealed that victimization history was related to risk recognition ability. Further, revictimized participants assigned to the alcoholic beverage group displayed impairments in risk recognition relative to participants assigned to the control and placebo beverage conditions.

Results also showed that cognitive expectancies moderate the effects of alcohol on risk recognition. Finally, beverage condition was related to physiologic reactivity during the risk recognition task.

The Longitudinal Course of Trauma, Posttraumatic Stress Sequelae, and Substance Use in College Students: A Web-based Assessment Approach

Despite high rates of trauma, traumatic stress sequelae (TSS), and substance use (SUB) in college students, prospective examination of associations among these factors has not been conducted in this population. In this study, online survey data were collected from incoming college students in 6 waves. Based on an initial trauma/traumatic stress screen, 542 students were targeted for longitudinal follow-up. Time 1 cross-sectional analyses revealed that individuals with TSS report more alcohol consequences and higher rates of alcohol dependence, ($ps < .01$). A similar pattern was observed for smoking consequences and nicotine dependence ($ps < .01$). This pattern was not observed for substance dependence, possibly due to restricted range in these outcomes. In longitudinal analyses, those with TSS again reported significantly more alcohol consequences at Time 4 (end of first semester; $p = .01$). A similar trend (though below statistical significance) was observed for smoking ($p = .08$). Mediators and moderators of the TSS-SUD association will be tested. These findings suggest that students with trauma and resulting TSS are at risk for heavy alcohol involvement, as well as smoking and nicotine dependence, even as they enter college. This risk appears to continue into the first year of college.

Internalizing and Externalizing Subtypes of PTSD: Do They Replicate Across Analytic Methods and Personality Measures?

The nature and structure of posttraumatic stress disorder (PTSD) has been a matter of much empirical inquiry in recent years. One line of inquiry (Miller et al., 2003) has examined whether there are internalizing (characterized by negative emotionality, anxiety, depression) and externalizing (characterized by disinhibition, substance use disorders [SUD], and conduct problems) subtypes of PTSD that help explain the heterogeneity observed among individuals with PTSD. We attempt to replicate these subtypes in a sample of 602 military personnel who served during the Gulf War and were evaluated twice across a five-year interval. Participants completed the Structured Clinical Interview for DSM-IV Disorders (SCID) to assess PTSD and other Axis I diagnoses, as well as the Schedule for Nonadaptive and Adaptive Personality (SNAP) and Minnesota Multiphasic Personality Inventory-2 (MMPI-2), which will be used as the basis for personality-based subtyping. An important question is whether different types of analyses yield the same subtypes as identified previously. Thus, we will identify subtypes using multiple methods, including cluster analysis and latent class analysis, and assess the similarities and differences across methods. Furthermore, we will examine the longitudinal predictors of the identified subtypes. Implications for theories of PTSD-SUD comorbidity will be discussed.

Cumulative Trauma over the Lifecourse and PTSD: Implications for Age and Cohort Effects (Abstract #178696)

Symposium (culture)

Laurel C/D, 4th Floor

Maercker, Andreas, MD, PhD¹; Galea, Sandro, MD²; Hobfoll, Stevan, PhD³; Solomon, Zahava, PhD⁴

¹University of Zurich, Zurich, Switzerland

²University of Michigan, Ann Arbor, Michigan, USA

³Kent State University, Kent, Ohio, USA

⁴University of Tel Aviv, Tel Aviv, Israel

The symposium presents research of different strands in epidemiology, clinical and social psychology, and psychiatry from the U.S., Israel and Switzerland. It discusses recent findings on cumulative effects of traumatization and centers on lifecourse study designs.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

The Impact of Cumulative Traumatic Event Experience on Posttraumatic Stress Disorder

We have abundant evidence that traumatic event experiences are associated with psychopathology, most centrally with posttraumatic stress disorder (PTSD). A growing body of research has carefully considered both the risk of PTSD in different circumstances and the conditional probability of PTSD given different traumatic exposures. However, nearly all work in the area has focused on identifying the impact of isolated traumas, be they individually experienced or collectively experienced. We suggest that extant studies do not present a complete picture and that a fuller understanding of the impact of trauma on psychopathology and health needs to consider the cumulative impact of traumas during the lifecourse. In particular we argue that repeat traumas cluster among particularly vulnerable groups making such groups highly susceptible to adverse health during their lives. We will use data from four sources to illustrate these points, including data from samples collected after two collectively experienced traumas - the September 11, 2001 terrorist attacks in New York City, and the 2005 Hurricane Katrina in Mississippi - and data from two international samples, from Halabja, Iraq, and Jimma, Ethiopia. We hope that this work can suggest the importance of a lifecourse approach to the epidemiology of trauma and its consequences.

The Kindling Model of Lifetime Trauma in Women's Lives

Although there is much evidence that childhood abuse and maltreatment leads to psychological distress and disorder in adults, there is little research on the mechanisms by which this occurs. Based on Conservation of Resources (COR) theory, we predicted that childhood abuse and maltreatment undermines the caravan of resiliency resources that abused women might otherwise have developed and need to cope with the inevitable stress of life. Further, we predicted that women who were abused as children will experience more stress as adults, both traumatic stressors and everyday stressors. Finally, we predicted that their abuse experiences make them more sensitive to new stressors that occur. We examined this model in a series of large-scale studies of inner-city women. Using cross-sectional and prospective designs and structural equation modelling, we found strong support for what we call the kindling model of lifetime trauma.

Increased PTSD Prevalence in the Elderly Compared to Younger Cohorts in a German Community Survey

Full and partial posttraumatic stress disorder following trauma exposure were examined in a representative community sample in order to determine prevalences of different age cohorts (14-29 years, 20-59 years, 60-95 years). A standardized telephone interview with a series of trauma probes and a DSM-IV PTSD checklist was administered to a random sample of 2,426 persons from all parts of Germany. Trauma probe list included war and expulsion-related traumatic events (World War II). The authors determined current (i.e., one-month) prevalences. The estimated prevalences of the elderly were 3.4 percent for full PTSD and 3.8 percent for partial PTSD, for the middle-aged cohort 1.9 percent for full PTSD and 2.4 percent for partial PTSD, and for the youngest cohort 1.3 percent for full PTSD and 1.3 percent for partial PTSD. Highest conditional probabilities for full PTSD were found following rape (37.5 percent), childhood sexual abuse (35.3 percent), and life-threatening disorders (23.4 percent). Conditional probabilities for war and related trauma were 7.9 percent for combat exposure and 5.3 percent for expulsion from homeland. This is the first study indicating elevated PTSD prevalences in the elderly. We discuss findings with regard to historic features in WW II and postwar Germany as well as to civilian cumulative lifetime trauma.

Long-Term Longitudinal Studies of Israeli Veterans

This presentation displays the findings of two prospective longitudinal studies examining two populations exposed to war and combat. The first, assessed combat veterans with and without CSR. The second, assessed ex-POWs and comparable combatants. Both studies prospectively assessed the implications of childhood life events, Holocaust background, combat experiences, war captivity and negative postwar life events in the mental status and social functioning of Veterans 20 and 30 years after the war. Findings confirm the association between stressful life events in the course of the life span and their outcomes. The differential effects of various life events and particularly the role of type of event and timing will be discussed in light of the findings.

Beyond Walter Reed: Lessons Unlearned about the Impact of War from Vietnam to Iraq (Abstract #179932)

Workshop (practice)

Waterview A/B, Lobby Level

Scurfield, Raymond M., DSW, LCSW¹; Platoni, Kathy, PsyD²; Viola, Janet M., PsyD, RN³

¹Former Capt., U.S. Army (Vietnam War veteran) and School of Social Work, University of Southern Mississippi, Long Beach, Mississippi, USA

²Col., U.S. Army Reserve (Gulf & Iraq War veteran), Centerville, Ohio, USA

³Major (Retired), U.S. Army (Gulf & Iraq era veteran), and Nursing Dept, Ursuline College, Solon, Ohio, USA

This workshop offers perspectives of veterans of three eras of war: Vietnam, Persian Gulf and Iraq; discussion of how the recent investigations at Walter Reed Army Medical Center and the VA illustrate critical lessons unlearned that have existed for decades: continuing limbo of "medical holds", stressors faced by female military personnel, impact of military psychiatry interventions postwar, survival strategies brought home, Combat Stress Reactions versus PTSD, vital information about war trauma not told, guidelines for family members, video of group therapy with veterans of different eras and an innovative "circle of healing" treatment strategy that goes beyond typical CBT manualized interventions.

The International Tsunami Museum: Giving Back to a Community in Thailand (Abstract #180069)

Media Presentation

Grand Ballroom III and IV, 3rd Floor

Sattler, David, PhD¹

¹Western Washington University, Bellingham, Washington, USA

The Indian Ocean Tsunami devastated the coastlines of 12 countries. Three and fifteen months after the tsunami, a disaster researcher discovered that survivors in Thailand were fearful of tsunamis. They lacked understanding about how tsunamis form and warning signs, and how the world came together to provide aid. This 30 minute video details the creation of a nonprofit educational museum in Khao Lak, Thailand. The museum promotes understanding of the event by showing how the tsunamis formed; warning signs and how to evacuate; and how organizations and individuals around the world rallied to help. A central theme is hope, resilience and the human spirit. The researcher worked with psychology students to create exhibits. The students learned about mental health issues and how research findings can promote education, mental health, and social responsibility. Over 7,500 people visited the museum in two months. Visitor donations are passed on to village schools to hire teachers and provide much needed supplies, including drinking water, food and netting to reduce exposure to dengue fever. Providing support to schools is a special way the museum is helping the community. Ways of modifying this project to aid survivors of other traumatic experiences are discussed.

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

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Concurrent Session 9

Friday, November 16
3:30 p.m. – 4:45 p.m.

Enhancing Outcome of Prolonged Exposure Therapy (Abstract #180088)

Master Clinician (practice) Grand Ballroom I and II, 3rd Floor

Hembree, Elizabeth, PhD¹

Psychiatry, University of Pennsylvania, Philadelphia, Pennsylvania, USA

Prolonged Exposure (PE; Foa, Hembree, & Rothbaum, 2007) is a cognitive behavioral therapy designed to help survivors to emotionally process traumatic experiences. PE has been used successfully with survivors of a range of traumatic events, and has proven highly effective at reducing posttraumatic stress disorder (PTSD) and other trauma-related symptoms. Although quite effective, exposure therapy can also be challenging to implement with diverse and complex chronic PTSD clients. Furthermore, while the PE manual provides detailed descriptions of imaginal and in vivo exposure procedures, some of the nuance and “art” of the therapy is hard to communicate in a treatment manual. One of the most common challenges encountered by PE therapists is helping clients to overcome avoidance, and yet doing so is key to successful outcome. Over the years, we have learned ways of responding to clients’ urges to avoid that can optimize the chances of success. In this presentation, PE therapy will be briefly described, followed by discussion of how to support clients in their struggles with avoidance. The importance of both a strong therapeutic relationship, and a clear rationale that the client understands and accepts, will be emphasized. Case examples will be used to illustrate therapists’ interventions in helping clients to overcome avoidance and engage in therapeutic exposure exercises.

Early Intervention in Workplace Settings (Abstract #180095)

Panel (disaster) Dover A/B/C, 3rd Floor

Watson, Patricia, PhD¹; Gorter, Jeff, MSW²; Shultz, Jim, PhD³

Dartmouth College, White River Junction, Vermont, USA

Crisis Care Network, Grandville, Michigan, USA

Center for Disaster & Extreme Event Preparedness, Miami, Florida, USA

Early intervention following mass violence or disasters often must take place in workplace settings. In this panel discussion, the presenters will discuss efforts to disseminate psychological first aid and other early intervention efforts into corporate and EAP settings through the Crisis Care Network, into hospital settings through the Center for Disaster & Extreme Event Preparedness (DEEP Center) trainings, and into the military setting through trainings for Marine Corps and Navy personnel. The challenges of presenting an acute intervention model in various work cultures will be discussed, as well as the use of multiple training modalities, such as online and electronic platforms.

Prevention and ISTSS: The Role of the Society in the Area of Traumatic Stress Prevention: A Past President’s Panel Discussion (Abstract #184025)

Panel (prev) Grand Ballroom VI, 3rd Floor

Figley, Charles R., PhD¹; Danieli, Yael, PhD²; Bloom, Sandra, MD³; Marmar, Charles, MD⁴

College of Social Work, Florida State University, Tallahassee, Florida, USA

Past President, New York, New York, USA

Community Works, Philadelphia, Pennsylvania, USA

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

This panel of four past presidents of the society will discuss how, during their tenure as president, the society was involved in various efforts to promote the prevention of trauma events and their unwanted consequences. Each panelist will discuss their year as President of ISTSS but in the context of the three year period in which they were president-elect and immediate past-president.

Therefore, Sandra Bloom, MD, will focus on what was happening in the area of prevention from 1996-1999. Charles Marmar, MD, will discuss the years 1992-1995. Yael Danieli, PhD, will discuss the years 1987-1990, and Charles Figley, PhD, will discuss the years 1984-1988. In addition to discussing what was happening in the society to promote prevention, each panelist will discuss the lessons learned from the past that is relevant today to promoting prevention.

Emotions and Journalism: Teaching Best Practice in Trauma Reporting (Abstract #179547)

Panel (train) Kent A/B/C, 4th Floor

Brayne, Mark, MA¹; Rees, Gavin, BA²; Greenberg, Neil, BM, BSc, MMedSc, ILTM, DOccMed, MEWI MRCPsych³; Moeller, Susan, PhD⁴

Dart Centre for Journalism and Trauma, Cirencester, Gloucestershire, United Kingdom

Media School, Bournemouth University, Poole, Dorset, United Kingdom

King’s College London, London, United Kingdom

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

Panelists review findings of two important new British surveys in the journalism of trauma and of extreme human distress. Bournemouth University’s “Emotions and Journalism” project polled news editors and senior journalism educators on attitudes towards emotional and trauma awareness training in U.K. journalism schools and newsrooms. The survey helped identify obstacles that need to be addressed in the teaching for example of empathic listening – ranging from time constraints and competitive pressure to a concern among many journalists that a sensitivity to emotions might threaten objectivity. The second survey focuses on the well-being of journalism practitioners, comparing attitudes to help-seeking for trauma-related distress in the BBC and Britain’s Royal Marines. Initial data were presented at ISTSS 2006, but deeper understandings have now been distilled which underline both similarities and differences in professional trauma response in the military and in journalism. Drawing on the growing experience of the Dart Centre for Journalism and Trauma in raising trauma awareness in global journalism, this session will discuss the challenges of putting emotional-awareness training at the heart of journalistic practice, in the U.K. and Europe and also in the United States.

PTSD - Only an Anxiety Disorder? (Abstract #179918)

Symposium (biomed) Grand Ballroom IX and X, 3rd Floor

Steil, Regina, PhD¹; Schmahl, Christian, MD¹; Valerius, Gabriele, PhD¹; Vermetten, Eric, MD²; Southwick, Steven, MD³; Bremner, J. Douglas, MD⁴; Ruesch, Nicolas, MD⁵; Corrigan, Pat, PsyD⁶; Lieb, Klaus, MD⁶; Resick, Patricia, PhD⁷

Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health, Mannheim, Baden-Wuerttemberg, Germany

Psychiatry, Neuroscience Division, University Medical Center, Utrecht, Netherlands, Germany

Yale University, West Haven, Connecticut, USA

Emory University, Georgia, USA

Joint Center for Psychiatric Rehabilitation, Illinois Institute of Technology, Chicago, Illinois, USA

University of Freiburg, Baden-Wuerttemberg, Germany

Women’s Health Sciences Div, National Center for PTSD, Boston, Massachusetts, USA

Although PTSD is defined as an anxiety disorder, other emotions and disturbed emotion regulation may play a yet underestimated role in the development of this disorder. This symposium will focus on neuropsychological and neuroimaging correlates of disgust, anger, shame and anxiety and try to elucidate their distinct impact in PTSD.

PTSD - A Disgust-Related Disorder?

Purpose: The role of a variety of feelings such as fear, helplessness, shame or guilt is being considered in models as well as in psychological treatment of PTSD. This paper states that disgust can be a major distressing emotion in PTSD sufferers which so far has been neglected in conceptualisation, research, and psychological treatment of PTSD.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Population: Clinical observation and empirical data show that intensive and distressing disgust is often present in patients suffering from severe and chronic PTSD after sexual violence. Main points to be covered: Disgust is often related to smells, tastes or other sensations reminding the patient of the trauma. Coping strategies such as restraint eating and drinking, frequent washing or self-injurious behaviour impair the patient's health. Training the patient in mindfully experiencing the present disgust-eliciting sensations and concentrating on the differences between the presence and the traumatic incidence rather than on the similarities is a helpful treatment strategy. Conclusions: Disgust needs to be included in the understanding of PTSD symptomatology as a core emotion contributing to multiple dysfunctional behaviors which have been observed in severe and chronic PTSD. Discrimination training as a cognitive-behavioural treatment strategy can help to alleviate disgust.

Neural Correlates of Disgust Intensity – A Parametric fMRI Study

Purpose: Disgust appears to be an important emotion in PTSD. However, even in healthy subjects the neural correlates of disgust are still unclear. Whereas the majority of findings point to a specific role of the insula in disgust perception, other findings suggest a more general emotion-mediating neural system including amygdala and orbitofrontal cortex.

Methods: So far, fifteen healthy females have been included in this study. In an event-related fMRI design, 180 disgust and fear inducing and 90 scrambled pictures were randomly presented for 2.5 s. Outside the scanner, subjects rated disgust and fear elicited by the pictures on a four-point scale. Image processing and statistical analysis were carried out using SPM5.

Findings: With an increase in disgust intensity, significant BOLD signal increase was found in several regions, including insula and amygdala. With an increase in fear perception, increased BOLD signal was found bilaterally in regions of the occipital and posterior temporal lobe.

Conclusions: Amygdala and insula activity was found to be related to intensity ratings of disgust in healthy subjects, extending earlier findings of a disgust-processing emotional network. Additional findings for neural correlates of disgust vs. fear intensity in patients with PTSD will be presented.

A PET Study of Olfactory Induced Emotional Recall in Veterans with and Without Combat-Related PTSD

Purpose: Odors are often associated with highly emotional experiences, and odors have long been noted by clinicians to be precipitants of trauma symptoms in PTSD. Brain systems involved in fear responsivity and survival also mediate smell, including the olfactory cortex and amygdala.

Methods: We exposed male combat veterans with and without PTSD to a set of smells, including diesel (related to traumatic memories of combat), and three other types of smells: odorless air, vanilla/coconut, and hydrogen sulfide (respectively, a neutral, positive, and negative nontraumatic smell) in conjunction with PET imaging and assessment of psychophysiological symptoms.

Findings: PTSD patients rated diesel as unpleasant and distressing, resulting in increased anxiety in PTSD versus combat controls. Exposure to diesel resulted in an increase in rCBF in amygdala, insula, medial PFC and ACC, and decreased rCBF in lateral PFC in PTSD in comparison to combat controls. Combat controls showed less rCBF changes on any smell, and did not show amygdala activation upon diesel exposure.

Conclusions: These data support the hypothesis that in PTSD trauma related smells can serve as strong emotional reminders. The findings indicate the involvement of a neural circuitry that shares olfactory elements and memory processing regions when exposed to trauma-related stimuli.

The Impact of PTSD on Dysfunctional Implicit and Explicit Emotions Among Women with Borderline Personality Disorder

Purpose: A comorbid PTSD aggravates symptoms, course of illness and social functioning of persons with borderline personality disorder (BPD). However, it is largely unclear how this effect is mediated.

Methods: In 60 women with BPD of whom 23 had a comorbid current PTSD we investigated whether dysfunctional explicit and implicit emotions were associated with a comorbid PTSD. Shame- and guilt-proneness, anxiety, anger-hostility, and general psychopathology were assessed by self-report measures. Implicit anxiety-related self-concept was measured using the Implicit Association Test.

Findings: Self-reported guilt-proneness and general psychopathology, but not shame-proneness or trait anxiety, were significantly higher in women with BPD and PTSD than in women with BPD alone. A comorbid PTSD was associated with a more anxiety-prone (relative to shame-prone) implicit self-concept as assessed by the Implicit Association Test.

Conclusions: Self-reported guilt-proneness and implicit anxiety may mediate the negative impact of comorbid PTSD on women with BPD.

The Prevention of Trauma in Transitional Societies (Abstract #179499)

Symposium (culture) Grand Ballroom VII and VIII, 3rd Floor

Higson-Smith, Craig, MA¹; Subramaney, Ugash, MBBCH, FCPSych(SA), MMED(Psychiatry)²; Mogapi, Nomfundo, MA³

¹South African Institute for Traumatic Stress, Johannesburg, Gauteng, South Africa

²University of the Witwatersrand, Johannesburg, Gauteng, South Africa

³Centre for the Study of Violence and Reconciliation, Johannesburg, Gauteng, South Africa

Rapid transition in society is about hope as well as insecurity. This symposium focuses on prevention of psychosocial sequelae in police, ex-combatants, exiles, victims of crime and service providers. Challenges involve economic, political, cultural and social change; fragmentation of systems, high levels of crime and violence, and migration.

Preventing Secondary Trauma in Transitional Societies

The high prevalence of different kinds of traumatic stress in transitional societies demands a powerful and healthy body of mental health service providers. Unfortunately, in the majority of societies in transition there is very limited specialist training for trauma service providers and almost no professional and institutional support. This paper reports on a tracer study conducted with past students at the South African Institute for Traumatic Stress. Specific findings refer to awareness of traumatic stress as a specialist knowledge area; theoretical knowledge and practical skills as a buffer against secondary traumatic stress; opportunities for informed acknowledgement of difficult work; and the role of supervision in service provision. In general the findings support investment in training and support systems for trauma practitioners and have important implications for international and local funding policies.

Biological Correlates and Traumatic Stress

In this research study, new cadets at the Johannesburg and Tshwane Metro police academy were asked to volunteer for a study assessing whether exposure to traumatic stress show alterations of HPA activity as measured by cortisol secretion, whether aberrations of the immune system as measured by cytokines exist and to assess whether correlations exist between cortisol secretion, the inflammatory response and depressive and traumatic stress symptoms. Demographic information was obtained by means of a questionnaire. For the assessment of cortisol, a 24-hour urine sample for cortisol, as well as blood and saliva specimens were obtained every

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

three months for a year. Subjects were assessed for Posttraumatic Stress Disorder (PTSD) using the clinician administered scale for PTSD (CAPS), as well as the Impact of events scale -revised version (IES-R). For depressive symptoms the 17-item Hamilton Rating scale (HAM -D) was administered. The results will be discussed in the context of resilience factors in the prevention of trauma, with some interesting biological correlates of the stress response.

Trauma Interventions with Ex-Combatants in Transitional Societies

Countries in transition are often faced with the task of strengthening their fragile democracies. This period is pregnant with hope, economic growth and opportunities, but also brings major challenges that threatens durable peace. One of these challenges is the ever-present possibility of conflict related to ex-combatants. Ex-combatants experience major struggles including social marginalization, lack of recognition, stigmatization, poverty, unemployment, and extreme anger and disappointment. These challenges combined with unresolved war trauma result in complex traumatic stress sequelae. Trauma practitioners in South Africa have in the past seven years developed diverse psychosocial programmes to treat these complex responses within a context of limited resources. This presentation reports on an exploratory study of these interventions and the impact that they are having in preventing the reoccurrence of the trauma-related psychosocial problems amongst ex-combatants in South Africa. The study draws on in-depth interviews with twenty ex-combatants who have participated in ten different psychosocial programmes. The results identify core principles and themes who distinguish those programmes that are most beneficial to ex-combatants. These findings have important implications for policy and programme design for assisting ex-combatants in societies in transition.

Child Neglect is Trauma: Implications for Research and Prevention (Abstract #179321)

Symposium (child)

Laurel A/B, 4th Floor

Boyce, Cheryl, PhD; Widom, Cathy Spatz, PhD; Czaja, Sally, PhD; Lynch, Michael, PhD; Manly, Jody, PhD; De Bellis, Michael, MD; Hooper, Stephen, PhD; MacFall, James, PhD; Maholmes, Valerie, PhD

¹NIMH/NIH/DHHS, Bethesda, Maryland, USA

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

³John Jay, New York, New York, USA

⁴Psychology, SUNY-Geneseo, Geneseo, New York, USA

⁵University of Rochester, Mt. Hope Family Center, Rochester, New York, USA

⁶Duke University, Durham, North Carolina, USA

⁷Department of Biomedical Engineering, Duke University, Durham, North Carolina, USA

⁸NICHD/NIH/DHHS, Bethesda, Maryland, USA

Child neglect is the most common type of child maltreatment compromising the health of our children. This symposium will examine multifaceted risk factors, consequences, and implications for prevention and treatment of trauma from child neglect among diverse populations with research findings from the Federal Child Neglect Research Consortium.

Child Neglect as a Risk Factor for PTSD and Victimization Experiences

Objective: This presentation is designed to illustrate why clinicians, researchers and policy makers need to pay increased attention to childhood neglect as a risk factor for subsequent trauma and PTSD and design prevention strategies for neglected children. **Methods:** Data from a prospective cohort design study in which abused and/or neglected children were matched with non-victimized children and followed into adulthood including records of county juvenile and adult criminal courts in a metropolitan area in the Midwest during the years 1967 through 1971. A critical element of the design involved the selection of a comparison group, matched with the

maltreated sample on the basis of age, sex, race/ethnicity, and approximate family social class. Subsequent follow-up interviews were conducted in 2000 - 2002 (N=896) during which complete lifetime trauma and victimization histories were obtained. **Results:** Neglected children had increased risk for PTSD at approximate age 29, compared to controls, and were at increased risk for subsequent lifetime traumas and victimization experiences in middle adulthood (mean age = 39.5). **Conclusions:** These findings suggest that more attention needs to be paid to the recognition of traumas and prevention of PTSD associated with childhood neglect.

Poly-Victimization of Neglected Children: Exposure to Violence and Risk for Traumatic Stress Reactions

Objective: The current study examined the co-occurrence of child neglect with violence in the home and community. The impact of these multiple adversities on children's development and risk for traumatic stress reactions were noted, as were the processes leading to increased risk. Participants consisted of 162 urban children (102 who had been neglected). **Method:** Data were collected at age 4 assessing children's environment and preschool development. Children were followed in Kindergarten and 1st grade to monitor ongoing development and to assess academic performance. Finally children were re-assessed at age 9. **Results:** The data indicate that neglected and non-neglected children manifest differences by 4 years of age and these differences persist through 1st grade. The data also reveal that many neglected children experience additional ecological adversity in the form of exposure to violence in the community and domestic violence. As children were followed at age 9, signs of functional impairment and traumatic stress reactions were evident. **Conclusions:** Data suggest that early experiences of child neglect may increase children's exposure to additional - and sometimes traumatic - ecological adversity. This poly-victimization interferes with healthy development, and can set in motion processes that continue to impair functioning and increase risk for traumatic stress reactions.

Cognitive Function, Brain Development and Trauma Among Neglected Children

Objective: We hypothesized that neglected children would witness high rates of domestic violence and have high rates of PTSD. We examined cognitive function and brain development by examining corpus callosum (CC) water-diffusion characteristics in our sample. **Methods:** We recruited neglected children and non-maltreated controls, who underwent a comprehensive psychiatric and cognitive assessment battery and MRI brain scan using the 3- Tesla Siemens Trio MRI system. Apparent diffusion coefficient (ADC) values were calculated in CC regions. **Results:** Neglected children performed poorer on cognitive measures and had high rates of PTSD due to witnessing violence. CC measures showed a different developmental pathway with age compared to controls. Neglected kids who were adopted at later ages (during preschool years) showed IQ and language function similar to controls. **Conclusions:** These preliminary findings suggest that prefrontal differences (possible accelerated neuro-maturity) is associated with neglect and possibly with neglect and PTSD. Adoption may be considered as an intervention with positive effects on cognitive function. The clinical implications of these findings will be discussed.



Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Trauma and the Traumagenic Effects of Homophobia: Research and Policy Perspectives (Abstract #179420)

Symposium (culture)

Laurel C/D, 4th Floor

Triffleman, Elisa, MD¹; Gold, Sari, MA²; Lexington, Jennifer, PhD³; Marx, Brian, PhD⁴; Rosario, Margaret, PhD⁵; Russell, Glenda, PhD⁶; Brown, Laura, PhD⁷

¹*ISTSS Diversity and Cultural Competence Special Interest Group, Port Washington, New York, USA*

²*National Center for PTSD, Seattle, Washington, USA*

³*Mental Health Service, University of Massachusetts, Amherst, Massachusetts, USA*

⁴*National Center for PTSD Behavioral Sciences Division, VA Boston Healthcare System, Boston, Massachusetts, USA*

⁵*Psychology, The City University of New York, City College and Graduate Center, New York, New York, USA*

⁶*Institute for Gay and Lesbian Strategic Studies, Amherst, Massachusetts, Louisville, Colorado, USA*

⁷*Fremont Community Therapy Project, Seattle, Washington, USA*

Homophobia is defined as fear of or aversion to homosexuality. High rates of sexual and physical assault are present in large-scale samples of gay men, lesbians, bisexuals and the transgendered (Balsam et al, 2005). This symposium will examine research and policy aspects of homophobia as direct and indirect trauma, and potential interventions.

Internalized Homophobia and Sexual Assault

At least 30 percent of lesbians and gay men report childhood, adolescent, or adult sexual assault (SA) histories (Heidt, Marx, & Gold, 2004). Internalized homophobia (IH) has been defined as "a set of negative attitudes and affects toward homosexuality in other persons and toward homosexual features in oneself" (Shidlo, 1994, p. 178). This study tested whether IH is associated with depression and PTSD severity among gay and lesbian sexual assault survivors and compared IH against other predictors of SA recovery. Participants were seventy-two lesbian and seventy-five gay male SA survivors. They completed measures of IH, depression, PTSD, and experiential avoidance. Experiential avoidance is defined as avoiding thoughts, emotions, bodily sensations, memories, images, and behaviors. Results indicated that, for gay male survivors, IH was significantly correlated with PTSD symptom severity and depressive symptom severity. For the lesbian survivors, IH was significantly correlated with depression only. Multiple regression analyses indicated IH was a better predictor of PTSD and depression than assault severity but a poorer predictor than experiential avoidance for gay male survivors. IH was an insignificant predictor of both PTSD and depression for the lesbian survivors. These findings suggest that IH may be an important factor to consider when treating gay male survivors.

Trauma and Stressors of Lesbian, Gay and Bisexual Individuals

Representative samples of the population have found that lesbian, gay, and bisexual (LGB) adults and youths report higher rates of psychological distress, eating disorders, substance use, and sexual risk behaviors than heterosexual peers. We propose that this health disparity is attributed to traumatic events and other stressors that begin early in life and continue to occur throughout development. Although some of the trauma and stressors are not unique to LGB individuals, more LGB than heterosexual individuals experience them (e.g., childhood sexual abuse). Further, there are stressors unique to LGB individuals (e.g., internalized homophobia). This presentation will provide a framework that identifies and links the traumas and stressors experienced by LGB individuals. It also will provide longitudinal data supporting the theoretical framework. As hypothesized, internalized homophobia and more substance abuse symptoms were directly associated with a greater likelihood of unprotected anal sex over the following year among gay and bisexual male youths from New York City, even after controlling for alternative explanations. Further, lower self-esteem, more anxious symptoms, and childhood sexual abuse were related to more unprotected anal sex indirectly through more sexual partners, sexual encounters, and substance abuse symptoms.

The Psychological Consequences of Stigma in Policy

Since the late 1970s and especially in the last decade, lesbian, gay, and bisexual (LGB) people have been the focus of social and political debate. A significant forum in which this debate has been enacted has been through electoral politics. LGB people's rights have been subject to referenda at state and local levels. In the majority of cases, voters have decided against the interests of LGB people. While these referenda are political events, they also represent a psychological challenge to LGB people who bear the burdens of being scrutinized, of being the focus of discussion and debate, and of having their fellow citizens - sometimes including family members and friends - vote against their interests. In many cases, the elections are explicitly traumatizing to LGB individuals. This paper, based on over a decade of research, will describe the stressors associated with antigay politics. It will discuss the sources of resilience that can be used to help buffer LGB people from these stressors. The paper will conclude with descriptions of interventions at the individual, institutional, and community levels that have been used to take advantage of what we know about resilience in the face of the stressors that accompany antigay political actions.

Insidious Heterosexist and Homophobic Trauma in the Lives of LGBT People

Root's construct of insidious traumatization, in which persons in target groups experience continuous exposure to micro-aggression, was developed to apply to persons of color, but equally applies to the experiences of LGBT individuals. As a result of this recurring exposure to disruptions of safety and sense of personal value, trauma is a constant risk factor in the lives of LGB and transgendered (LGBT) people. The discussant will consider how insidious trauma manifests clinically in LGBT individuals. Strategies for increasing awareness about the nature and presence of insidious trauma and microaggressions, and for conceptualizing internalized homophobia as evidence of exposure to insidious trauma will be discussed.

Treating Male Survivors of Military Sexual Trauma (Abstract #179908)

Workshop (practice)

Waterview A/B, Lobby Level

Pivar, Ilona, PhD¹; Chard, Kathleen, PhD²; Price, Jennifer, PhD³

¹*National Center for PTSD, VA Palo Alto Health Care System, Palo Alto, California, USA*

²*Cincinnati VAMC, Cincinnati, Ohio, USA*

³*Psychology, Georgetown College, Georgetown, Kentucky, USA*

The goals of this workshop are to heighten clinical sensitivity, increase knowledge of Cognitive Processing Therapy (CPT) as a treatment option for male MST, and identify barriers and successes in treatment. Since 1994, Public Law 103-452 has mandated that health services be provided to men, as well as women survivors of MST. The Dept. of Veterans Affairs estimates that 54 percent of all VA patients who screen positive for MST are men (2004). During this workshop, presenters will discuss experiences in providing CPT for patients, providing case histories and objective results including CAPS, PTSD Checklist (PCL) and the Beck Depression Inventory. Kate Chard will describe the Cincinnati VAMC residential PTSD program and how the treatment of veterans with MST is both integrated and separated from combat veterans. Efficacy data on this approach using CPT for veterans with MST will be reviewed; Ilona Pivar will address group formation, treatment barriers and successes utilizing data from the Rosenberg Self-Esteem Scale, TSI Belief Scale-R, Life Events Questionnaire and the Trauma-Related Guilt Inventory; Jennifer Price will discuss individual treatment responses of Vietnam veterans utilizing additional data from the Affect Control Scale, the Trauma-related Guilt Inventory, and the Multidimensional Anger Inventory.

Friday: 3:30 p.m. - 4:45 p.m.

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Media Documentary: The Boys of Baraka (A Tale of Baltimore's Inner-City Youth) (Abstract #179892)

Media Presentation

Grand Ballroom III and IV, 3rd Floor

Reyes, Gil, PhD

Fielding Graduate University, Santa Barbara, California, USA

In Baltimore, 61 percent of African-American boys don't graduate from high school and 50 percent of them go to jail. The Boys of Baraka is an independent documentary that follows the journey of four young boys from inner-city Baltimore as they travel to the experimental Baraka boarding school in rural Kenya where they are given a more disciplined structure and the kind of educational attention normally reserved for affluent private schools. By the time the boys return to Baltimore for summer vacation, they exhibit a new enthusiasm for education and a greater confidence in their abilities. "The Boys of Baraka" won an NAACP Image Award for Outstanding Independent or Foreign Film, as well as Best Documentary Awards at the Chicago and Newport film festivals. The boys featured in this film participated in a program that was designed to prevent them from becoming statistics in the vicious cycle of violence, drugs, and incarceration. Thus, the film provides an inspiring description of an innovative preventive intervention with links to trauma, social justice, intercultural collaboration, and a window into Baltimore neighborhoods that participants in this year's meeting are unlikely to otherwise see.

Participant Alert: This film is emotionally compelling, but is mild enough to be shown in public schools.

Concurrent Session 10

Saturday, November 17

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

Effective Treatments for PTSD: Updated Practice Guidelines From ISTSS (Abstract #183816)

Plenary (practice)

Grand Ballroom VI, 3rd Floor

Foa, Edna B., PhD; Keane, Terence, PhD; Friedman, Matthew, MD, PhD; Cohen, Judith, MD; Newman, Elana, PhD

¹Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

²National Center for PTSD and Boston University School of Medicine, Boston, Massachusetts, USA

³National Center for PTSD and Dartmouth Medical School, White River Junction, Vermont, USA

⁴Allegheny General Hospital, Drexel University School of Medicine, Pittsburgh, Pennsylvania, USA

⁵President of ISTSS, University of Tulsa, Tulsa, Oklahoma, USA

In 2000, the International Society for Traumatic Stress Studies (ISTSS) published a landmark text summarizing the wide range of treatments utilized for PTSD (Foa, Keane, & Friedman, 2000). This influential text also contained practice guidelines for the treatment of PTSD, guidelines which represented the consensus of experts in treatment of PTSD. Given the vast empirical and theoretical publications on the nature of PTSD and related problems and the remarkable increase in published clinical trials since 2000, the Board of Directors of ISTSS in 2005 commissioned an update. The purpose of this panel will be to present information on the status of this project. Drs' Foa, Keane, and Friedman invited Dr. Judith Cohen, a national child trauma expert, to join as a full editor in this edition, signaling the encouraging growth in treatment studies on children across traumas. The panel will discuss the conceptual organization of the review papers, the designation of topic areas, and the status of the book, which is projected to be published in 2008 by Guilford Press. We will also provide information on the rated strength of the evidence for the respective treatments that are reviewed. Finally, we will focus the presentations on what we know, the level of the evidence available to substantiate this knowledge (using the system that was adopted in the first edition from Agency for Health Care Policy & Research standards), and envisioning a research agenda for the next decade that is needed to improve the treatment of people who develop PTSD following potentially traumatizing life events.

Stress, Sleep, and Metabolic Syndrome

(Abstract #180019)

Symposium (biomed)

Laurel C/D, 4th Floor

Hall, Martica, PhD; Neylan, Thomas, MD; Woodward, Steve, PhD; Arsenault, Ned, BA; Loraine, Leskin, MA; Nguyen, Tram, BA; Lynch, Janel, BA; Karin, Voelker, BA; Mozer, Erika, MA; Leskin, Gregory, PhD; Sheikh, Javid, MD; Henn-Haase, Clare, PsyD; Metzler, Thomas, MA; Marmar, Charles, MD

¹University of Pittsburgh, Pittsburgh, Pennsylvania, USA

²University of California, San Francisco, San Francisco, California, USA

³VA Palo Alto HCS, Menlo Park, California, USA

⁴University of Oregon, Oregon, USA

⁵Stanford University, Menlo Park, California, USA

⁶Stanford University, California, USA

The ultimate purpose of sleep remains a mystery; however, there is agreement that sleep is an extended period of reduced activity during which recuperative metabolic processes may occur. Sleep disturbance in PTSD and other anxiety and stress-related disorders may potentially impair the somatic functions of sleep.